

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, or any other legally protected status.

(PLEASE PRINT)

| | | |
|----------------------------|---------------------|-------------|
| Position(s) Applied For | Date of Application | |
| How Did You Learn About Us | | |
| Advertising | Relative | Inquiry |
| Employment Agency | Friend | Other _____ |

| | | |
|---------------------|------------|-------------|
| Last Name | First Name | Middle Name |
| Address | | |
| Number | Street | City |
| | | State |
| Zip Code | | |
| Telephone Number(s) | | |

| | | |
|--|-----------|---|
| Best time to contact you at home is.....:_____AM/PM | | |
| If you are under 18 years of age, can you provide required proof of your Eligibility to work?..... | Yes | No |
| Have you ever filed an application with us before?..... | Yes | No |
| If Yes, give date _____ | | |
| Have you ever been employed with us before?..... | Yes | No |
| If Yes, give date _____ | | |
| Do any of your friends or relatives, other than spouse, work here?..... | Yes | No |
| Are you currently employed?..... | Yes | No |
| May we contact your present employer?..... | Yes | No |
| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status Proof of citizenship or immigration status will be required upon employment..... | Yes | No |
| Date available to work ____/____/____ What is your desired salary range?_____ | | |
| Are you available to work: | Full-Time | (please indicate 1 2 3 shift) |
| | Part-Time | (please indicate Mornings Afternoon Evenings) |
| | Temporary | (please indicate dates available ____/____/____ - ____/____/____) |
| Are you currently on "lay-off" status and subject to recall?..... | Yes | No |
| Can you travel if a job requires it?..... | Yes | No |

EDUCATION

| | Name & Address Of School | Course of Study | Years Completed | Diploma Degree |
|--------------------------|-----------------------------|-----------------|-----------------|----------------|
| Elementary School | | | | |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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EMPLOYMENT

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

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|---------------------|----------------|--------------------|----------------|
| 1. Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number(s) | | Hourly Rate/Salary | |
| | | Starting | Final |
| Job Title | Supervisor | | |
| Reason For Leaving | | | |

| | | | |
|---------------------|----------------|--------------------|----------------|
| 2. Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number(s) | | Hourly Rate/Salary | |
| | | Starting | Final |
| Job Title | Supervisor | | |
| Reason For Leaving | | | |

| | | | |
|---------------------|----------------|--------------------|----------------|
| 3. Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number(s) | | Hourly Rate/Salary | |
| | | Starting | Final |
| Job Title | Supervisor | | |
| Reason For Leaving | | | |

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

(CHECK SKILLS/EQUIPMENT OPERATED)

| Terminal | Spreadsheet | Production/Mobile Machinery (list) | Other (list) |
|----------------|-------------|------------------------------------|--------------|
| PC/MAC | Excel | _____ | _____ |
| Microsoft Word | Shorthand | _____ | _____ |
| | | _____ | _____ |

State any additional information you feel may be helpful to us in considering your application.

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES

NO

REFERENCES

| | |
|--------|---------|
| 1. | () |
| (Name) | Phone # |
| 2. | () |
| (Name) | Phone # |
| 3. | () |
| (Name) | Phone # |

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: YES NO

Position (s) Considered For: _____

Date _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statement contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that the "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER

DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE