

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or veteran status, or the presence of a non-job related medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

An equal opportunity employer.

(PLEASE PRINT)

Date of Application: _____

Position(s) Applying For: _____

Referral Source: Newspaper Friend Relative Walk-In Social Media
 Employment Agency Other _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () - _____ Cell Phone: () - _____

Email: _____

Social Security Number: - - Are you over 21 years old? Yes No

Date of Birth: _____

Marital Status: _____ Number of Children: _____

Have you ever filed an application here before? Yes No If Yes, when? _____

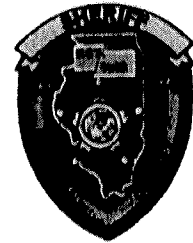
Have you ever been employed here before? Yes No If Yes, when? _____

Are you currently employed? Yes No

If Yes, may we contact your employer? Yes No Name of Employer: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status may be required upon employment.)

Yes No



On what date would you be available to start? _____

Are you available to work: Full Time Part-Time

Are you on lay-off and subject to recall? Yes No

Have you been convicted of a felony? Yes No

If Yes, please explain. _____

Veteran of the U.S. Military Service? Yes No If Yes, what branch? _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance employment of handicapped individuals.

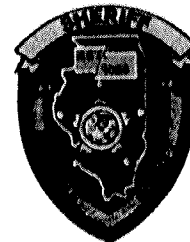
If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.



Employment Experience

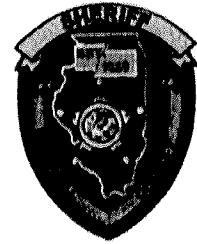
Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Dates Employed	Work Performed
Address	Beginning	
Telephone	Ending	
Job Title	Salary	
Supervisor	Beginning	
Reason for Leaving	Ending	
Employer	Dates Employed	Work Performed
Address	Beginning	
Telephone	Ending	
Job Title	Salary	
Supervisor	Beginning	
Reason for Leaving	Ending	
Employer	Dates Employed	Work Performed
Address	Beginning	
Telephone	Ending	
Job Title	Salary	
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Employer	Dates Employed	Work Performed
Address	Beginning	
Telephone	Ending	
Job Title	Salary	
Supervisor	Beginning	
Reason for Leaving	Ending	

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

Special Skills and Qualifications

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



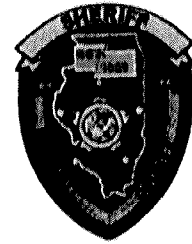
Education

	High School	College/University	Specialized Training/Trade School
School Name			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Degree/Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the Course of Study:			

Honors Received: _____

Include a list with your areas of highest proficiency, special skills, or other items that may contribute to your abilities in performing the above mentioned position. _____

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



Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

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 Company.

Signed _____

Date _____

For Personnel Department Use Only

Position(s) Applying for is Open:

Position(s) Considered For: _____

