

# Employment Application Form

Applicants are considered for employment without regard to race, color, religion, sex, national origin, ethnicity, age, marital status, veteran status, medical condition, or disability.

Please read acknowledgements (page 3, section 1), then complete application, using typewriter or ink.

<b>Personal Information</b>	<b>A</b>	<b>1</b>	Name: Last First Middle	Social Security No:				
	<b>2</b>	Present Address: Street City State Zip Code	Phone No: ( )					
	<b>3</b>	Permanent Address: Street City State Zip Code	Phone No: ( )					
	<b>4</b>	Emergency Phone No: ( )	<b>5</b> Age (if under 18):					
	<b>6</b>	Have you applied for employment or been employed here before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give position(s) and date(s):						
<b>Employment Interest</b>	<b>B</b>	<b>1</b>	Type of Employment Desired: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/>	<b>2</b> Date Available For Work:				
	<b>3</b>	What Position Are You Seeking?	<b>4</b> Minimum Salary Requirement:	<b>5</b> Will you perform Shift work? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	<b>6</b>	Can you travel if job requires it? (Please list any restrictions) Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>7</b> Are you on layoff or subject to recall? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	<b>8</b>	Does anyone in your immediate family work here? If yes, List Name(s), Relationship(s) and Department(s). Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>Educational Record</b>	<b>C</b>		<b>EDUCATION</b>	<b>ELEMENTARY</b>	<b>HIGH SCHOOL</b>	<b>COLLEGE UNIVERSITY</b>	<b>GRADUATE/ PROFESSIONAL</b>	
	<b>1</b>	NAME & LOCATION OF SCHOOL						
	<b>2</b>	YEARS COMPLETED (CHECK)	5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
	<b>3</b>	DIPLOMA/DEGREE YEAR RECEIVED						
	<b>4</b>	MAJOR FIELD OF STUDY						
	<b>5</b>	Area(s) of Specialized Training:	<b>6</b>	Title of Thesis & Special Research Project(s):				
	<b>7</b>	Honors Received:	<b>8</b>	Vocational or Technical School Attended:				
	<b>9</b>	Special Skill(s) or Certificate(s) Received:	<b>10</b>	Shorthand: YES <input type="checkbox"/> NO <input type="checkbox"/> WPM:	<b>11</b>	Typing: YES <input type="checkbox"/> NO <input type="checkbox"/> WPM:		

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<b>D</b>	<b>PREVIOUS EMPLOYMENT: Start with your present or last job and list all employment experiences.</b> If additional space is needed, use an extra sheet of paper.				
	<b>1</b>	Employer:		Duties:	Dates Employed: FROM   TO
		Address:			
		Job Title:		Supervisor:	Hourly Rates: Starting   Final
		Reason for leaving or wanting to leave:			
	<b>2</b>	Employer:		Duties:	Dates Employed: FROM   TO
		Address:			
		Job Title:		Supervisor:	Hourly Rates: Starting   Final
		Reason for leaving:			
	<b>3</b>	Employer:		Duties:	Dates Employed: FROM   TO
		Address:			
		Job Title:		Supervisor:	Hourly Rates: Starting   Final
		Reason for leaving:			
	<b>4</b>	Employer:		Duties:	Dates Employed: FROM   TO
		Address:			
		Job Title:		Supervisor:	Hourly Rates: Starting   Final
		Reason for leaving:			
<b>5</b>	May we call your present employer now? If not, when may we call?				
	Yes <input type="checkbox"/> No <input type="checkbox"/> Phone: ( )				
<b>E</b>	<b>1</b> If a License or Certificate is needed to perform the work in the position applied for, please complete the following:				
	Driver's License Number:		Name of Trade or Profession License Number:		
	<b>2</b> List any skills and abilities that you possess that will be helpful in doing the job applied for:				
<b>Special Considerations</b>					

References	1	Give the name of two references, do not include relatives or previous employers:			
		NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER
					( )
				( )	
Activities	1	List offices held in school, civic clubs, or business organizations. You may omit those that indicate sex, race, religion, ethnicity, or national origin:			
	2	Current hobbies, interests, or favorite recreation:			
I	1	Branch of U.S. Military Service from (month/year) to (month/year):		2	Highest Rank Attained:
Additional Information	3	Military Occupation Specialty and/or Major Duties:			
		This employer is subject to Section 503 of the Rehabilitation Act, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act, and the Americans with Disabilities Act. If you have a disability that will require reasonable accommodations during the pre-employment application/testing procedures, please let us know. You may be required to provide documentation verifying the need for accommodations. This information will not subject you to any adverse treatment.			
		4 Are you a Vietnam Era Veteran? If Yes, month and year active duty completed:			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		5 Additional Comments:			
<b>PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION</b>					
I	1	I certify that the answers given herein are true and complete to the best of my knowledge.			
		2 I authorize investigation of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision.			
		3 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.			
		4 I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.			
		5 I understand and acknowledge that, unless otherwise defined by law, policies, and procedures, or rules and regulations, any employment relationship with this organization is of an "at-will" nature, which means that either the employee or employer may terminate the employment relationship at any time, with or without cause or advance notice.			
		6 I understand that this application is the property of the employer, and will be considered active for six months from the date signed. I understand that this application must be signed and dated before I will receive employment considerations.			
		7 Signature <i>(Please sign - do not type or print)</i> :			
				8	Date:

**NOTE:** A resume may be attached to this application to provide additional information, but may not be substituted for a completed and signed Employment Application Form.

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position applied for is OPEN: Yes  No  Position(s) considered for:

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Arrange interview: Yes  No  If yes, Date: \_\_\_\_\_ Time: \_\_\_\_\_

Interviewed by (List Participants):  
\_\_\_\_\_

Employed: Yes  No  Date of Employment: \_\_\_\_\_

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_ Starting Salary: \_\_\_\_\_

# HUMAN RESOURCES DEPARTMENT

## EEO DATA INFORMATION

Title VII of the Civil Rights Act of 1964 prohibits discrimination based on race, color, religion, sex and national origin. This employer complies with this Act and various other Federal Government regulations prohibiting discrimination because of age, marital or veteran status, medical condition or disability.

We must make periodic reports to the Federal Government to reveal whether or not the entire personnel operation is in compliance with the various laws dealing with Equal Employment Opportunity. We ask your assistance with our reporting requirements by completing this form. This information will not be used in the employment process; it will be used only for compiling and reporting statistical data relevant to personnel operations after all phases of the employment process are completed.

NAME: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street, route or box City State Zip Code

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

IS POSITION VACANT: Yes  No

METHOD OF RECRUITMENT (Please specify or give name of publication):

- A. Newspaper \_\_\_\_\_
- B. Professional Publication \_\_\_\_\_
- C. Referral \_\_\_\_\_
- D. Other \_\_\_\_\_

PLEASE CHECK (  ) APPROPRIATE BOX:

Sex:  Male  Female

Race:  Black  White  Hispanic  
 American Indian/Alaskan Native  Asian/Pacific Islander

Other:  Vietnam Era Veteran  
 Disabled Veteran  
 Individual with a Disability

*Failure to complete this form does not preclude the applicant's consideration for the position applied for.*

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