

Company is an affirmative action/equal opportunity employer

Employment Application

DIRECTIONS Type or print, using black ink
 If you need additional space, attach a supplemental sheet
 sign the completed application

1 General					NOTES	
NAME	(LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NO	DATE OF APPLICATION	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)				PHONE NO - DAY ()	PHONE NO - EVENING ()	
ADDRESS WHERE YOU MAY BE CONTACTED IF DIFFERENT FROM PRESENT ADDRESS				ALTERNATE PHONE NO ()	BIRTHDATE IF UNDER 18	
HAVE YOU PREVIOUSLY WORKED FOR THE COMPANY OR ONE OF ITS DIVISIONS <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF EMPLOYMENT	DEPARTMENT	POSITION	SUPERVISOR		
IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO						
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS _____ IF SO, PLEASE EXPLAIN. A CRIMINAL CONVICTION WILL BE CONSIDERED ONLY IN RELATION TO THE JOB FOR WHICH YOU ARE APPLYING SERIOUSNESS AND NATURE OF THE OFFENCE, TIME EAPSED, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.						

POSITION			
TYPE OF POSITION APPLYING FOR _____	SOURCE OF REFERRAL _____	JOB POSITING NO _____	
DATE AVAILABLE	POSITION DESIRED <input type="checkbox"/> FULL-TIME REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME REGULAR	SPECIFY ANTICIPATED PERIOD OF WORK AND/OR NUMBER OF HOURS PER DAY	SALARY EXPECTED \$

Please note that the Employment Record, Education & Training and References sections do not need to be completed if an Attached resume provides all of the specific requested information. If there is information requested that is not on your Resume, Please be sure to provide that information in order to ensure your application materials will be considered.

EMPLOYMENT RECORD LIST MOST RECENT EMPLOYMENT FIRST				
START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE ZIP CODE				PHONE ()
POSITION DESCRIPTION				
START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE ZIP CODE				PHONE ()
POSITION DESCRIPTION				

2 EMPLOYMENT RECORD CONTINUED

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE ZIP CODE				PHONE ()
POSITION DESCRIPTION				

EDUCATION & TRAINING

COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			
					CITY & STATE
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			
					CITY & STATE
HIGH SCHOOL LAST ATTENDED	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			
					CITY & STATE
OTHER	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			
					CITY & STATE

LIST LICENSES OR CERTIFICATIONS. LANGUAGES, COMPUTER, OFFICE EQUIPMENT OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO THE POSITION YOU ARE APPLYING FOR

LANGUAGE ABILITY-LIST THOSE YOU COULD USE IN YOUR WORK

ENGLISH	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>	OTHER	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>	OTHER	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>
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PROFESSIONAL ORGANIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATIONS, PROFESSIONAL, LICENSES AND PUBLICATIONS YOU CONSIDER SIGNIFICANT. PLEASE INDICATE THE PROFESSIONAL LICENSE NUMBER AND STATE OF ISSUANCE

REFERENCES

LIST THREE PERSONS. OTHER THAN RELATIVES OR PERSONAL FRIENDS. WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION.

NAME/TITLE	MAILING ADDRESS	PHONE

AUTHORIZATION

APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING

I hereby authorize investigation of all statements contained in this application and on my resume, if provided. I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this form or any resume provided by me, is cause for termination of employment without notice. I also agree (1) to a post offer physical/drug exam as may be required by the Company. and (2) a background/reference screening with employment being contingent on the satisfactory passing thereof, (3) If employed. to abide by all Company policies and procedures.

Date _____

Signature _____

NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, COLOR, ETHNICITY, NATIONAL ORIGIN, SEXUAL ORIENTATION, RELIGION, CREED DISABILITY (INCLUDING HIV STATUS, AGE, VETERAN STATUS, MARITAL STATUS OR EX-OFFENDER STATUS)