



We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Name _____			Date of Application _____		
LAST	FIRST	MIDDLE			
Address _____		City _____	State _____	Zip _____	
Telephone _____	Email: _____	Social Security Number _____			

**1. GENERAL INFORMATION:**

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation?  Yes  No

Have you been convicted of any felonies other than minor traffic violations during the past seven years?

(A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.)  No  Yes

If yes, explain \_\_\_\_\_

**2. EDUCATION & TRAINING:**

Circle last grade completed .Grade 1 2 3 4 5 6 7 8 9 1 0 11 1 2 College 1 2 3 4 Masters Doctorate

Name & Address of School	Major	Graduated	Average
	Course studied	or degree (Y or N)	Grade
Last High School Attended/Address:			
College or University/Address			
College or University/Address			
Other School (Technical, Vocational, Graduate, etc.) /Address			
List any scholarships, academic honors, awards or special achievements:			

**3. SKILLS:** Please list any skills you have that are appropriate for the position you are applying for:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If required, will you work?	Rotating shifts <input type="checkbox"/> YES <input type="checkbox"/> NO	Saturdays <input type="checkbox"/> YES <input type="checkbox"/> NO	Full-Time <input type="checkbox"/>
	Overtime <input type="checkbox"/> YES <input type="checkbox"/> NO	Sundays <input type="checkbox"/> YES <input type="checkbox"/> NO	Part-Time <input type="checkbox"/>
Position applying for, be specific:	Salary Requirements		<input type="checkbox"/> per hour
	\$		<input type="checkbox"/> per month

State fully why you believe you are qualified for this position:

\_\_\_\_\_  
 \_\_\_\_\_

Date you can start: \_\_\_ / \_\_\_ / \_\_\_

**4. EMPLOYMENT HISTORY:**

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past THREE employers. If currently employed, may we contact your employer'?  Yes  No

	SALARY	DATE EMPLOYED
		From / To
FULL NAME OF COMPANY:	POSITION HELD:	
STREET ADDRESS:	(AREA CODE) TELEPHONE :	
NAME & TITLE OF SUPERVISOR:		
JOB SUMMARY		
REASON FOR LEAVING:		

	SALARY	DATE EMPLOYED
		From / To
FULL NAME OF COMPANY:	POSITION HELD:	
STREET ADDRESS:	(AREA CODE) TELEPHONE :	
NAME & TITLE OF SUPERVISOR:		
JOB SUMMARY		
REASON FOR LEAVING:		

	SALARY	DATE EMPLOYED
		From / To
FULL NAME OF COMPANY:	POSITION HELD:	
STREET ADDRESS:	(AREA CODE) TELEPHONE :	
NAME & TITLE OF SUPERVISOR:		
JOB SUMMARY		
REASON FOR LEAVING:		

**5. OTHER SKILLS AND QUALIFICATIONS:**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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**6. REFERENCES:**

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

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I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_