

APPLICATION FOR EMPLOYMENT

PLEASE READ THIS APPLICATION CAREFULLY BEFORE COMPLETING

As an Equal Employment Opportunity Employer, no discrimination is made on the basis of race, color, religion, sex, age, national origin, non-job related handicap, or veteran status. Your application will be given careful consideration; however, its receipt does not imply employment. If an offer of employment is made, it may be contingent upon your ability to meet specific requirements of the job for which the offer is made.

Answer all questions. If one is not applicable, indicate by inserting "N/A". Please print your answers clearly.

FULL NAME		ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS		CITY, STATE, ZIP CODE	TELEPHONE
WHAT JOB OR TYPE OF WORK ARE YOU SEEKING?		HOW DID YOU LEARN ABOUT THE JOB WHICH YOU ARE SEEKING?	
ARE YOU INTERESTED IN: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		WHAT DAYS AND HOURS ARE YOU WILLING TO WORK?	CAN YOU WORK OVERTIME IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT MONTHLY INCOME DO YOU EXPECT?		IF HIRED, WHEN WILL YOU BE AVAILABLE TO START?	ARE YOU PRESENTLY ON LAYOFF FROM ANOTHER JOB AND SUBJECT TO RECALL? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER APPLIED HERE BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES – WHEN?		HAVE YOU PREVIOUSLY BEEN EMPLOYED HERE? <input type="checkbox"/> NO <input type="checkbox"/> YES – DATE TERMINATED: _____ UNDER WHAT NAME?	
DO YOU HAVE RELATIVES WORKING HERE? <input type="checkbox"/> NO <input type="checkbox"/> YES – NAME: _____ RELATIONSHIP: _____		ARE YOU PRESENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO MAY WE INQUIRE OF YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

CHECK THE BOX WHICH INDICATES YOUR HIGHEST LEVEL OF COMPLETED EDUCATIONAL BACKGROUND:			
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> SOME COLLEGE	<input type="checkbox"/> COLLEGE GRADUATE	SCHOOL: _____ DEGREE: _____ MAJOR: _____
<input type="checkbox"/> TRADE OR BUSINESS SCHOOL	SCHOOL: _____	FIELD OF STUDY: _____	
LIST ANY SPECIAL CERTIFICATES OR LICENSES YOU HOLD WHICH MAY HELP QUALIFY YOU FOR EMPLOYMENT:			
LIST TECHNOLOGY APPLICATIONS OR SOFTWARE SYSTEMS THAT YOU ARE PROFICIENT IN:			
LIST ANY JOB-RELATED PROFESSIONAL OR TECHNICAL ORGANIZATIONS TO WHICH YOU BELONG:			
WHICH FOREIGN LANGUAGES DO YOU:			
SPEAK?	READ?	WRITE?	

WHAT DO YOU EXPECT TO BE DOING IN FIVE YEAR?	BASED ON TODAY'S PRICES AND WAGES, WHAT MONTHLY INCOME DO YOU EXPECT TO BE EARNING IN FIVE YEARS?
WHAT HAS BEEN YOUR MOST INTERESTING WORK?	WHAT MADE IT INTERESTING?
WHAT WORK EXPERIENCE DID YOU DISLIKE MOST?	WHY DID YOU DISLIKE IT?

HAVE YOU BEEN CONVICTED OF A FELONY OR (WITHIN THE PAST FIVE YEARS) A MISDEMEANOR WHICH RESULTED IN IMPRISONMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES – EXPLAIN: _____
DO YOU HAVE A PHYSICAL, EMOTIONAL, OR MENTAL CONDITION WHICH MAY DECREASE YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> NO <input type="checkbox"/> YES – WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?
IS THERE ANY REASON YOU MAY NOT BE ABLE TO ATTEND WORK ON A REGULAR BASIS OR BE TO WORK ON TIME? <input type="checkbox"/> NO <input type="checkbox"/> YES – EXPLAIN: _____
CAN YOU, IF EMPLOYED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> NO <input type="checkbox"/> YES

EMPLOYMENT HISTORY

In the spaces below, list your employment and/or self-employment starting with the most recent date first. Include any periods of unemployment and provide reason. In the "Comments" section, list your job duties and/or any experience or skills gained during each period of time which may help to qualify you for the job you are applying.

DATES: FROM TO	EMPLOYER:	LAST PAY	REASON FOR LEAVING:
	LOCATION:		COMMENTS:
	POSITION:		
DATES: FROM TO	EMPLOYER:	LAST PAY	REASON FOR LEAVING:
	LOCATION:		COMMENTS:
	POSITION:		
DATES: FROM TO	EMPLOYER:	LAST PAY	REASON FOR LEAVING:
	LOCATION:		COMMENTS:
	POSITION:		
DATES: FROM TO	EMPLOYER:	LAST PAY	REASON FOR LEAVING:
	LOCATION:		COMMENTS:
	POSITION:		
DATES: FROM TO	EMPLOYER:	LAST PAY	REASON FOR LEAVING:
	LOCATION:		COMMENTS:
	POSITION:		

I certify that all information I have provided on this application is true and complete, and I understand that, if employed, falsified statements are grounds for termination. I authorize my former employers and/or other references to provide information concerning my previous employment, background, and character; and release all parties from any liability for providing or obtaining such information. I understand that, if hired, employment may be terminated, with or without notice, at any time.

SIGNATURE	DATE
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