

APPLICATION FOR EMPLOYMENT

We consider application for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
How did you Learn about us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Relative		<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend		<input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Address		Number		Street	
		City		State	
				Zip Code	
Telephone Number(s)		E-mail		Social Security Number (Voluntary)	

Best time to contact you at home is: _____ : _____ AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ Yes _____ No

Have you ever filed an application with us before? _____ Yes _____ No

.....If Yes, give date _____
Have you ever been employed with us before? _____ Yes _____ No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. _____ Yes _____ No

Date available for work ____ / ____ / ____ What is your desired salary range? _____
Are you available to work: _____ Full-Time (please indicate 1 2 3 shift)
_____ Part-Time (please indicate Mornings Afternoon Evenings)
_____ Temporary (please indicate dates available ____ / ____ / ____ - ____ / ____ / ____)

Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No

Can you travel if job requires it? _____ Yes _____ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed	From	To
Address		Work Performed		
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed	From	To
Address		Work Performed		
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed	From	To
Address		Work Performed		
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed	From	To
Address		Work Performed		
Telephone Number(s)				
Job Title	Supervisor			
Reason For Leaving				

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

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

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

SPECIALIZED SKILLS (CHECK SKILLS/ EQUIPMENT OPERATED)

		Production/Mobile	
<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Machinery(list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	<input type="text"/>	<input type="text"/>
WPM <input type="text"/>	WPM <input type="text"/>	<input type="text"/>	<input type="text"/>

State Any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

REFERENCES

1. _____ (_____) _____
(Name) Phone #

(Address)

2. _____ (_____) _____
(Name) Phone #

(Address)

3. _____ (_____) _____
(Name) Phone #

(Address)

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: _____

Date _____

NAME: _____

POSITION: _____

DATE: _____ / _____ / _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

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.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ___ Yes ___ No

Remarks _____

INTERVIEWER

DATE

Employed ___ Yes ___ No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

NAME AND TITLE

DATE