

Application for Employment

Please Print



NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for illegal drug use may be required before hiring and during your employment here.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Name _____ Applicant ID # _____

Address _____

Telephone # (____) _____ Cellular/Other # (____) _____ E-mail Address _____

Referral Source (How did you hear about us?) _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

If **no**, please explain: _____

Have you ever been employed here before? If **yes**, give dates and positions: _____ Yes No

Is this application a request for reemployment following an extended military leave of absence from this company?..... Yes No
If **yes**, additional information may be requested.

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____ What is your desired salary range?.....\$ _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying: _____ State _____

Answering "yes" to either part of the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime? Yes No

If **yes**, please provide date(s) and details: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer (Telephone # _____)	Dates employed: Month / Year to Month / Year
Street address (City State)	Compensation (Starting)
Starting job title/final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)	Commission/Bonus/Other Compensation \$ _____
Why did you leave? (May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later)	Compensation (Final)
E-mail: _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Summarize the type of work performed and job responsibilities.	Commission/Bonus/Other Compensation \$ _____
Employer (Telephone # _____)	Dates employed: Month / Year to Month / Year
Street address (City State)	Compensation (Starting)
Starting job title/final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)	Commission/Bonus/Other Compensation \$ _____
Why did you leave? (May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later)	Compensation (Final)
E-mail: _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Summarize the type of work performed and job responsibilities.	Commission/Bonus/Other Compensation \$ _____
Employer (Telephone # _____)	Dates employed: Month / Year to Month / Year
Street address (City State)	Compensation (Starting)
Starting job title/final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)	Commission/Bonus/Other Compensation \$ _____
Why did you leave? (May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later)	Compensation (Final)
E-mail: _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Summarize the type of work performed and job responsibilities.	Commission/Bonus/Other Compensation \$ _____