



APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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

Position Applied for: _____ Date of Application: _____

How did you learn about us? Advertising Relative Inquiry Friend Other

Last Name	First Name	Middle Name
_____	_____	_____

Address: Street / City / State / Zip Code

Telephone Number(s)	Email
_____	_____

Best time to contact you at home is _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
Not applicable

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 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 by this country because of Visa or Immigration status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Date available for work _____ What is your desired salary range? _____

Are you available to work: Full Time
 Part Time.....Please indicate: Mornings Afternoon Evenings
 Temporary.....Please indicate dates available to

Are you currently on “lay-off” status and subject to recall?..... Yes No

Can you travel if the job requires it?..... Yes No

EDUCATION:

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

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:	Work Performed:
Address:	
Phone:	
Dates: From To	
Hourly Rate/Salary:	
Job Title:	
Supervisor:	
Reason for Leaving:	

Employer:	Work Performed:
Address:	
Phone:	
Dates: From To	
Hourly Rate/Salary:	
Job Title:	
Supervisor:	
Reason for Leaving:	

Employer:	Work Performed:
Address:	
Phone:	
Dates: From To	
Hourly Rate/Salary:	
Job Title:	
Supervisor:	
Reason for Leaving:	

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:

REFERENCES:

Name:	Phone Number:
Address:	
Name:	Phone Number:
Address:	
Name:	Phone Number:
Address:	

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 shall remain active for 45 days. Applicants wishing to apply for employment after the 45 day period should reapply if 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview 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

JOB APPLICANT SELF IDENTIFICATION FORM

We are a government contractor subject to all provision of the Civil Rights Act of 1964, Executive Order 11246(as amended), The Rehabilitation Act of 1973 (as amended), and The Vietnam Era Veterans’ Readjustment Assistant Act of 1974(as amended). Qualified applicants are considered without regard to race, color, sex, age, religion, national origin, genetic information, pregnancy, disability, or protected veteran status. In order to help us comply with government regulations, we would like you to answer the questions listed below. YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. This will be kept strictly confidential and separate from your Employment Application.

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Gender: Male Female

Race/Ethnicity: Please Check One

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or more races (Not Hispanic or Latino)

Are you a Protected Veteran? Please Check One:

- Yes, I am a Protected Veteran*
- NO, I a not a Protected Veteran

Disability Status: Please Check One

- Yes, I am an individual with a disability.**
- No, I do not have a disability.
- I do not wish to answer.

*Protected Veteran Categories/Definitions

- **Disabled Veteran:** A veteran of the US military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs for a disability; or a person who was discharged or released from active duty because of a service-connected disability.
- **Recently separated veteran:** any veteran during the three-year period beginning on the date of discharge or release from active duty in the US military, ground, naval, or air service
- **Active duty wartime or campaign badge veteran:** any veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under laws administered by the Department of Defense
- **Armed Forces service medal veteran:** any veteran who, while serving on active duty in the US military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded, pursuant to Executive Order No. 12985.

**Individual with Disability: any person who has (i)a physical or mental impairment which substantially limits on or more of such person’s major life activities; (ii)has a record of such impairment; or (iii) is regarded as having such impairment.

JOB APPLICANT SELF IDENTIFICATION FORM (continued)

Position applied for: _____

Referral Source: Please check one

- Walk-in
- Employee
- Advertisement-Source _____
- Government Employment Agency
- Private Employment Agency
- School
- Relative
- Other _____

Name of person who referred you (if applicable) _____