

**APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT**

POSITION APPLYING FOR \_\_\_\_\_ DATE \_\_\_\_\_

• NAME _____ Last First Middle Initial
• ADDRESS _____ House/Apt. Number/Street City/Town State Zip
• TELEPHONE NUMBER(S) _____ Home Cell Work (If okay to call you there.)

- If under 18 years of age, can you provide proof of eligibility to work?  Yes  No
- Have you filed an application with us before?  Yes  No  
If yes, date: \_\_\_\_\_
- Have you ever been employed with us?  Yes  No  
If yes, dates: \_\_\_\_\_
- Are you currently employed?  Yes  No
- May we contact your current employer?  Yes  No
- Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? (*Proof of citizenship or immigration status is required upon employment*)  
 Yes  No
- What date would you be available for work? \_\_\_\_\_
- Are you available:  Full-Time  Part-Time  Temporary/Seasonal
- Are you on "lay-off" status and subject to recall?  Yes  No
- Can you travel if a job requires it?  Yes  No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**EMPLOYMENT EXPERIENCE**

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

Current or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates Employed (*From/To*) \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Length Employed (*From/To*) \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Length Employed (*From/To*) \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

**Please list any other employment on the reverse side of this page, or submit a resume along with your application.**

**EDUCATION/TRAINING**

**High School**

_____	Years Completed: _____	Diploma <input type="checkbox"/>	GED <input type="checkbox"/>	
<i>School Name &amp; City, State</i>				
Course of Study:	Business <input type="checkbox"/>	College <input type="checkbox"/>	Technical/vocational <input type="checkbox"/>	General studies <input type="checkbox"/>

**Continuing Education**

Institution(s): _____	_____
<i>Name/Location</i>	<i>Course of Study/Certificate Program</i>
Certificate/Degree achieved: _____	If not, number of courses: _____
_____	_____
<i>Name/Location</i>	<i>Course of Study/Certificate Program</i>
Certificate/Degree achieved: _____	If not, number of courses: _____

**Specialized Training/Professional Certification/Apprenticeship**

_____
_____
_____

**Professional, trade, business or civic memberships**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status if you so choose.*

_____
_____

**Describe any job-related training received in the United States Military**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION**

**Other Qualifications**

Please summarize job-related skills and qualifications acquired from employment or other Experiences.

\_\_\_\_\_

\_\_\_\_\_

**Skills/Equipment Operated**

Computer  Fax  PC  Adding Machine  Typewriter

Other: \_\_\_\_\_

Public Safety Vehicles/Heavy Equipment/Machinery, Etc.:

Please list: \_\_\_\_\_

Drivers' License Endorsement: \_\_\_\_\_

**Additional Information**

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

\_\_\_\_\_

\_\_\_\_\_

PLEASE DO NOT ANSWER the following question unless you have been informed about the requirements of the position for which you are applying: *Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is available upon request.*

Yes  No



**FOR PERSONNEL DEPARTMENT USE ONLY**

Is the position for which applicant applying available?    Yes         No

Advertised/Posted?    Yes         No         Job Description requested?    Yes         No

Interview?                Yes         No         If yes, date of interview\_\_\_\_\_

If employed, date started\_\_\_\_\_ Position\_\_\_\_\_

Salary/Rate of Pay \_\_\_\_\_ Department\_\_\_\_\_

Length of Probation \_\_\_\_\_

I-9 completed?    Yes     No

## AFFIRMATIVE ACTION VOLUNTARY INFORMATION

### COMPLETION OF THE INFORMATION BELOW IS VOLUNTARY

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations that may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

NOTE: This survey is not a part of your official application for employment. It is confidential information that will not be used in any hiring decision.

### PLEASE PRINT

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_\_

◆ Referral source:

Advertisement  Friend  Relative  Walk-In  School  
Government Employment Agency  Private Employment Agency  
Other \_\_\_\_\_

Name of person who referred you (if applicable) \_\_\_\_\_

◆ Applicant Information

Name Last First MI ( ) Phone

Male  Female Birth date: \_\_\_\_\_ Current job (if employed) \_\_\_\_\_

◆ Please check one of the following Equal Employment Opportunity Identification Groups:

Black (not of Hispanic origin)  White  Hispanic  
 American Indian/Alaskan Native  Asian/Pacific Islander

◆ To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

If you so wish to be identified, please check if any of the following are applicable:

Individual with a disability  Vietnam Era Veteran (served between 1964-1975)  Disabled Veteran

Below for Administrative Use Only

The position applied for is available  not available

Other positions considered for: \_\_\_\_\_

Hired? Yes  No

From the EEO classifications listed below, which one best describes the position filled?

<input type="checkbox"/> Officials & Managers	<input type="checkbox"/> Sales Workers	<input type="checkbox"/> Operatives (semi-skilled)
<input type="checkbox"/> Professionals	<input type="checkbox"/> Office & Clerical	<input type="checkbox"/> Laborers (unskilled)
<input type="checkbox"/> Technicians	<input type="checkbox"/> Craft Workers (skilled)	<input type="checkbox"/> Service Workers