



DEPARTMENT/DIVISION/BRANCH: _____

DATE OF APPLICATION: _____

APPLICATION FOR EMPLOYMENT

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT BECAUSE OF SEX, AGE, RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS (WHERE APPLICABLE), SERVICE IN THE ARMED FORCES OF THE UNITED STATES OR DISABILITY.

GENERAL INFORMATION (Please Print)

Name _____

First

Middle Initial

Last

Present Address _____

Street

City

State

Zip Code

Telephone (____) _____ Other Number (____) _____

Email _____

In Case of Emergency Contact _____ Telephone (____) _____

Email _____

Position Applied For: _____ Date: _____

Date Available For Work: _____ What Is Your Desired Salary? \$ _____ Per _____

Have You Ever Submitted An Application To Work Here? If Yes, Please Explain _____

Have You Ever Worked For This Company Before? If Yes, When: _____

Supervisor's Name: _____ Reason For Leaving: _____

How did you hear about this position? _____

Have you ever been convicted of a felony? _____

(Answering yes will not automatically disqualify you for employment)

EDUCATION

Highest Level of Education Completed (Please Circle) 5 6 7 8 9 10 11 12 1 2 3 4
Middle School High School College

Name of Last School Attended _____

Vocational/Trade School Training _____

Certifications or other relevant training _____



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EMPLOYMENT HISTORY

Provide the following information for **the last five years or your last three employers** (whichever will provide the most information) starting with the most recent. Please be sure to include all information requested as accurately as possible to facilitate processing.

EMPLOYER	TELEPHONE	FROM	TO	CONTACT FOR A REFERENCE ?
	()			
ADDRESS	(PLEASE INCLUDE CITY & STATE)			Email
IMMEDIATE SUPERVISOR	BRIEFLY DESCRIBE YOUR JOB DUTIES AND EXPERIENCE			
JOB TITLE				
HOURLY RATE/SALARY				REASON FOR LEAVING
START \$ _____	PER _____	FINISH \$ _____	PER _____	

EMPLOYER	TELEPHONE	FROM	TO	CONTACT FOR A REFERENCE ?
	()			
ADDRESS	(PLEASE INCLUDE CITY & STATE)			Email
IMMEDIATE SUPERVISOR	BRIEFLY DESCRIBE YOUR JOB DUTIES AND EXPERIENCE			
JOB TITLE				
HOURLY RATE/SALARY				REASON FOR LEAVING
START \$ _____	PER _____	FINISH \$ _____	PER _____	

EMPLOYER	TELEPHONE	FROM	TO	CONTACT FOR A REFERENCE ?
	()			
ADDRESS	(PLEASE INCLUDE CITY & STATE)			Email
IMMEDIATE SUPERVISOR	BRIEFLY DESCRIBE YOUR JOB DUTIES AND EXPERIENCE			
JOB TITLE				
HOURLY RATE/SALARY				REASON FOR LEAVING
START \$ _____	PER _____	FINISH \$ _____	PER _____	

ADDITIONAL JOB-RELATED INFORMATION



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REFERENCE INFORMATION

Please list Three **Professional** references (coworkers or supervisors). Please **do not** list friends and family members:

_____	_____	_____
Name	Professional Relationship	Phone Number
_____	_____	_____
Name	Professional Relationship	Phone Number
_____	_____	_____
Name	Professional Relationship	Phone Number

IMPORTANT NOTICE TO APPLICANT: PLEASE READ THESE NOTICES AND CONSENT STATEMENTS VERY CAREFULLY BEFORE SIGNING.

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that if employed, false statements or omissions on this application are grounds for immediate dismissal upon discovery thereof. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liabilities for any damage that may result from furnishing the same to you. I understand that I may be required to undergo a medical examination before beginning work.

In consideration of my employment, I agree to abide by the Company's rules and regulations. I understand that my employment is at will and can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or supervisor other than the Executive Management of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Applicant Signature

Date

REFERENCE RELEASE FORM

I request, authorize, and consent to the release of information regarding my previous employment and authorize all past employers, including those not specifically listed in this application, to respond to verbal or written inquiries regarding my employment record, including, but not limited to, positions held, dates of employment, pay rate, work performance, reliability, record of disciplinary action and any incidents of violence and threatening behavior, including information based on materials in my personnel file. I also request, authorize, and consent to the release of educational records from any institution I have attended, including but not limited to record of grades earned and diplomas, degrees or certificates conferred.

Applicant Signature

Date

New Hire EEO-1 Data Sheet

Please complete this New Hire EEO-1 Data Sheet. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision.

Name _____ Social Security # (last 4 digits) _____
Last First Middle

EEO-1 Self-Identification

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and separate from personnel files. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please check the EEO Identification Group that best applies to you:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- OR -

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

Gender: Male Female

Signature

Date

If you should have any questions regarding this form, please contact Human Resources.

