

# Application For Employment:

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

(PLEASE PRINT)

Last Name		First Name		Middle Initial	
Address	Number	Street	City	State	Zip Code
Telephone Number			Social Security Number		
Position(s) Applied For:				Date of Application:	
How Did You Learn About Us?					
Position Desired:					
Minimum Salary Desired:			Date Available for Work:		
Full Time: <input type="checkbox"/> 30-40 hours a week			Part Time: <input type="checkbox"/> 0-29 hours per week		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on 'lay-off' status and subject to recall?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you at least 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please indicate the hours you are available to work					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

## EDUCATION

School	Name of School and Address	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

Foreign Languages: \_\_\_\_\_ Spoken Fluently? \_\_\_\_\_

Office Positions - Indicate the jobs which you have performed:

Typing (\_\_\_\_\_ WPM)  Computer / Software \_\_\_\_\_

Dictaphone  10 key by touch or by sight

Other \_\_\_\_\_

**WORK EXPERIENCE**

Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your previous employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Start with your present or most recent 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	Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly	Rate	
	Starting	Ending	
Starting / Present Job Title			
Supervisor			
Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates	Employed	Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly	Rate	
	Starting	Ending	
Starting / Present Job Title			
Supervisor			
Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates	Employed	Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly	Rate	
	Starting	Ending	
Starting / Present Job Title			
Supervisor			
Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates	Employed	Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly	Rate	
	Starting	Ending	
Starting / Present Job Title			
Supervisor			
Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: Include explanation of any gaps in employment.
