



Caring for Generations . . . Enhancing quality of life through superior products and services.

APPLICATION FOR EMPLOYMENT

[PLEASE PRINT]

Last Name	First Name	Middle Name	Soc. Security No.	
Address	City	State	Zip	Phone No.
Position(s) Applied For: _____			E-mail Address: _____	

Employment History: Begin with current or last job. Include military service assignments. If you include volunteer activities, you may exclude organizations that indicate race, color, religion, national origin, disability, or other protected status.

1.

Employer	Dates Employed (Start/End)	Job Title
Address		Phone Number
Duties or Responsibilities		
Hourly Rate / Salary (Start/Final)	Supervisor	
Reason for Leaving		

2.

Employer	Dates Employed (Start/End)	Job Title
Address		Phone Number
Duties or Responsibilities		
Hourly Rate / Salary (Start/Final)	Supervisor	
Reason for Leaving		

3.

Employer	Dates Employed (Start/End)	Job Title
Address		Phone Number
Duties or Responsibilities		
Hourly Rate / Salary (Start/Final)	Supervisor	
Reason for Leaving		

4.

Employer	Dates Employed (Start/End)	Job Title
Address		Phone Number
Duties or Responsibilities		
Hourly Rate / Salary (Start/Final)	Supervisor	
Reason for Leaving		



C o r p o r a t i o n

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IF YOU NEED ADDITIONAL SPACE, PLEASE USE A SEPARATE SHEET OF PAPER

School	Location	Diploma/Degree	Studies	Yrs Completed
High School				
Trade/Professional School				
College/University				
Graduate School				

Other

Specialized Training, Apprenticeships, Extracurricular Activities: _____

Honors, Awards, Copyrights, or patents

Special Job Related Skills and Qualifications from Employment or Other Experience: _____

Foreign Languages

	Speak			Read			Write		
_____	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>
_____	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>
_____	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>

Professional, Trade, Business, or Civic Organization/Offices

You may exclude organizations that indicate race, color, religion, national origin, disability, or other protected status

Personal

- Yes No If under 18 years of age, can you provide proof of eligibility to work?
 If yes, when? _____
- Yes No Have you ever applied with us before?
 If yes, when? _____
- Yes No Have you ever been employed with us before?
 If yes, when? _____
- Yes No Do you have any relatives or friends employed with us?
 If yes, who? _____
- Yes No May we contact your present employer?
- Yes No Have you ever been convicted of a crime (other than a traffic violation)?
 If yes, please explain: _____
- Yes No If applying for a position that requires driving, do you have an appropriate license?
 [Unless using public transportation is acceptable.]
- Yes No If applying for a position that requires driving, have you ever been ticketed for a moving
 traffic violation?
 If yes, please explain: _____



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Yes No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

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

Yes No Are you currently on "layoff" status, subject to recall?

On what date will you be available to work? _____

Desired salary range: _____

Availability:

Full-time

Part-time

Temporary

(Please indicate 1 2 3 shift)

(Please indicate Mornings Afternoon Evenings

(Please indicate dates available _____ - _____)

Yes No

If required, are you available for travel?

Yes No

If required, are you available for relocation?

How did you learn about us? _____

References Other than Previous Employers or Relatives

Providing this information means that you give this organization permission to contact the references listed.

1. _____
Name Address Phone Number
2. _____
Name Address Phone Number
3. _____
Name Address Phone Number
4. _____
Name Address Phone Number



Applicant's Acknowledgment

(This application shall be considered active for no more than 45 days. After that time, applicants will be required to resubmit a completed application. The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee.)

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements made on this application as may be necessary for reaching an employment decision.

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 the 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 any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Signature of Applicant

Date