

APPLICATION FOR EMPLOYMENT

If you need help to fill out this application form, or for any phase of the employment process, please notify the person who gave you this form and we will make an effort to accommodate your needs in a reasonable amount of time.

APPLICANT INSTRUCTIONS 1. Please read "Applicant Note." 2. Complete both sides of this form. 3. If more space is needed to complete any question, use comments section on the back. 4. Print clearly; incomplete or illegible applications will not be processed. 5. Some packets have an Affirmative Action Questionnaire. This information is being gathered under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to answer the questionnaire. 6. Do not fill out any other attached forms until instructed.	Name: (Last) _____ (First) _____ (MI) _____	
	Current Address: _____	Prior Address: _____
	Home Phone: _____	Work Phone: _____
	Social Security Number: _____	Today's Date: _____

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. It is not an employment contract.

Please answer all appropriate questions completely and honestly. False or misleading statements on this form, and during the interview, are grounds for terminating the applicant process or employment. All qualified applicants will receive consideration without discrimination because of race, sex, marital status, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily disqualify an applicant from employment. Additional testing of job-related skills may be required prior to employment. After an offer of employment and prior to reporting for work, you may be required to provide a medical history and/or submit to a medical exam and a drug screen.

AVAILABILITY

For which position are you applying: _____

What date can you start: _____ What category would you prefer: Full-time Part-Time

When are you available to work: Weekdays Weekends Evenings Nights Overtime Other

EMPLOYMENT HISTORY

Please list your three most recent employers. Answer all questions. Since we will make every effort to contact previous employers, the correct telephone numbers are important. List the reason for any periods of unemployment under "Comments."

Most Recent Employer		<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?	
Company Name	City/State	Phone No.	
From _____ to _____	Job Title	Supv. Name	
Duties _____			
Salary	Reason for Leaving		
Second Most Recent Employer			
Company Name	City/State	Phone No.	
From _____ to _____	Job Title	Supv. Name	
Duties _____			
Salary	Reason for Leaving		
Third Most Recent Employer			
Company Name	City/State	Phone No.	
From _____ to _____	Job Title	Supv. Name	
Duties _____			
Salary	Reason for Leaving		

EDUCATION

Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

	Name	City/State	Graduate?
High School			
College			
Other			

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

Name	Address	Phone	Years Known/Relationship

SECURITY

- Yes No Have you ever used any name other than the one in this form? If yes, please list previous name under "Comments."
 Yes No Have you ever been convicted of a felony? If yes, describe on back. (A felony conviction will not necessarily disqualify you from employment.)

JOB-RELATED QUESTIONS

Note: Do not answer any questions that you believe to be non-job-related.

- Yes No Are you over 16 years of age? Yes No Are you over 18 years of age?
 Yes No If the job requires, do you have a valid driver's license?
Please list any other skills, certificates, etc. that may be job-related, or that you feel would be of value to this job or company.

COMMENTS

CERTIFICATION AND RELEASE

I certify that I have read and understand the Applicant Note on page one of this form, and the answers and statements given by me are complete and true to the best of my knowledge. I understand that any false information, deletions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company, and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records.

I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I also understand, the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date
-----------	------

Do not answer these questions until instructed to do so by interviewer.

- Yes No Have you been given a job description or had the essential functions of the job explained to you?
 Yes No Do you understand these essential functions?
 Yes No Can you Perform the essential functions of this job? With reasonable accommodation? Without Accommodation?

Signature	Date
-----------	------