



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, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position Applying for:	Date of Application:
How did you hear about us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend Name: _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative Name: _____ <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s) Home/Cell	Email Address	Social Security Number

Do you have a valid driver's license? Yes No
 If so, please provide your license # _____ Expiration date: _____ State _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date: _____

Have you ever been employed with us before? Yes No
If yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment

On what date are you available to work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "laid-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a crime, had adjudication of a crime withheld, pled nolo contendere, or are currently being charged for a crime not yet adjudicated? Yes No

Answering yes will not necessarily be a bar to employment. Each action/explanation will be weighed/considered in relationship to the position for which you are applying.
 Please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name, City and State of School	Course of Study	Years Completed	Diploma Degree / Year
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last 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/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held:

You may exclude membership which would reveal gender, race, religion national origin, age, ancestry, disability or other protected status

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience:

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> Lathe	<input type="checkbox"/> Grinder	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> Milling Machine	<input type="checkbox"/> Waterblaster (10,000+ psi)	_____	_____
<input type="checkbox"/> Forklift	<input type="checkbox"/> Computers	_____	_____
<input type="checkbox"/> Band Saw	<input type="checkbox"/> Diesel Mechanic	_____	_____
		_____	_____

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

Note to Applicants: **DO NOT ANSWER THIS UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, 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 attached.

Yes No

References- Business/Professional

1. _____

Company Name	Name	Title	Contact Phone #
Address		Explain your business interaction	
2. _____

Company Name	Name	Title	Contact Phone #
Address		Explain your business interaction	
3. _____

Company Name	Name	Title	Contact Phone #
Address		Explain your business interaction	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision including references, criminal, credit, drivers license, education, and previous employment. All applicants being considered for employment must submit to a pre-employment drug screen.
 This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
 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 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 false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

 Signature of Applicant

 Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

 Interviewer

 Date

Employed Yes No **Date of Employment** _____

Job Title _____ **Hourly Rate/Salary** _____ **Department** _____

By _____

 Name and Title

 Date

Notes _____

