

## APPLICATION FOR EMPLOYMENT

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, disability, veterans' status, and citizenship status. The receipt of this application does not mean that job openings exist or does not obligate us in any way. We appreciate your interest in our organization.

Date Submitted:					
PERSONAL INFORMATION					
Name	Social Security No				
Present Address	Home Phone				
Are you over the age of 18? Yes $\square$ No $\square$					
If no, employment is subject to verification that	you are of minimum legal age.				
Are you a citizen of the United States? Yes $\Box$ N	lo□				
If not a citizen of the U.S., can you provide proof Yes $\square$ No $\square$	f that you can legally be employed in the U.S.?				
EMPLOYMENT INFORMATION					
Position applying for					
What salary/hourly rate do you expect?					
Type of employment: Full Time□ Part Time□	Internship ☐				
What days and hours if part time? Days	Hours				
What days and hours if part time? Days Have you ever applied for a job with us before?					
	Yes□ No□				
Have you ever applied for a job with us before?	Yes□ No□ er than a minor traffic violation? Yes□ No□				
Have you ever applied for a job with us before?  Have you ever been convicted of any crime other	Yes□ No□ er than a minor traffic violation? Yes□ No□ e occurred				
Have you ever applied for a job with us before?  Have you ever been convicted of any crime other  If yes, state date, court, and place where offense	Yes No No er than a minor traffic violation? Yes No e occurred resign from a position? Yes No				
Have you ever applied for a job with us before?  Have you ever been convicted of any crime other  If yes, state date, court, and place where offense  Have you ever been discharged or requested to	Yes No No er than a minor traffic violation? Yes No e occurred resign from a position? Yes No				
Have you ever applied for a job with us before?  Have you ever been convicted of any crime other  If yes, state date, court, and place where offense  Have you ever been discharged or requested to  If yes, explain	Yes No No er than a minor traffic violation? Yes No e occurred Presign from a position? Yes No sto change employment? Yes No				

Do you have reliable transportation to work? Yes  $\square$  No  $\square$ 

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization?						
EDUCATION INFORMATION						
Schooling	Years Completed	Degree Rec. And Major Sub.	Name of School	Location	Did You Graduate?	
High School						
Vocational School						
College						
Graduate School or Seminary						
_	•	ed or professiona hat are you stud	<b>5</b>	•	, ,	
		MILITARY SER	VICE RECORD			
Were you in U.S	S. Armed Forces	?Yes□ No□ I	f yes, what Bran	ch?		
Dates of duty: F	rom	To	Rank at d	ischarge		
List duties in th	e Service includ	ing special traini	ng			
Р	RIOR WORK REG	CORD (Start with	most recent or	present employ	ver)	
1. Name of Most Recent Employer Telephone No					0	
Address	<b>3</b>					
		ediate Superviso				
	Date of Employment: From To To Your Position, Title & Duties					
Starting	Rate \$	Ending	Rate \$			
2. Name o	f Most Recent Ei	mployer		Telephone No	0	
		adiata Supantia				
		ediate Superviso				
		uties				
		Ending				
Reason	For Leaving					
3. Name o	f Most Recent E	mployer		Telephone No	0	

Address \_\_\_\_\_

Name &	Position of Immediate Su	upervisor	
Date of	Employment: From	To	
Your Po	sition, Title & Duties		
Starting	sition, Title & Duties Rate \$		
Reason	For Leaving		
=	rt the employers listed ab		ot, indicate by No. which one(s
	REFEREN	CES (Do not list relatives)	
Name	Phone No	Years Known	Occupation
Name	Phone No	Years Known	Occupation
Name	Phone No	Years Known	Occupation
employed, false dismissal. You	e statements on my appli	cation shall be considered make any investigation o	n my personal history and
	at employment at this orgonise of employment for a		•
verify my state persons to anso previous emplo	-	e past employers, doctors oncerning my ability, cha Il such persons from any	
Signature Appl	icant	Date _	