

EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY and complete both sides of this employment application. We are an Equal Opportunity Employer. No question on this application is intended to be discriminatory under any applicable Federal, State or Local Fair Employment Practices Law. All employment offers are contingent on your being able to provide proof of your legal right to work in the U.S.

P E R S O N A L	Last Name		First	Middle	Date	
	Street Address				Home Phone ()	
	City, State, Zip				Business Phone ()	
	Have you ever applied for or been employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year:		Name Used:		Social Security No.	
			Location:		Pay Expected	
	Position Desired				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				When will you be available to begin work?	
	If hired, can you provide verification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If no, do you have a valid work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Other special training or skills (computer, machine operation, etc.)			Foreign language(s) spoken fluently which would be helpful in position sought:		
	How did you hear of our organization?					
	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (conviction not necessarily a bar to employment)					
	Have you ever been dismissed or asked to resign from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give reason:					
Have you used any other names under which employment or education may be verified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:						
Are any of your relatives currently working within this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list their name(s) and unit location(s):						

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	LIST DEGREE OR DIPLOMA
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you currently attending school? Yes No

M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES		Branch of Service
	Describe your duties and any special training		Period of Active Duty (Month & Year)
			From To
			Rank at Discharge

