



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources department.

**APPLICANT INFORMATION**

Last Name	First Name	Middle Name	Application Date
Street Address			Apartment / Unit Number
City	State	Zip Code	
Primary Phone Number ( )	Secondary Phone Number ( )	E-mail Address	
Position(s) Applied For			

**REFERRAL SOURCE (Please check the appropriate category and list the name of the source)**

<input type="checkbox"/> Walk-In	<input type="checkbox"/> Job Fair
<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Staffing Agency/Recruiter
<input type="checkbox"/> Company's Website/Internet	<input type="checkbox"/> Other

**APPLICANT QUESTIONNAIRE**

Date available for work? \_\_\_\_/\_\_\_\_/\_\_\_\_      What shift are you available to work?    Day    Night

What is your desired salary range or hourly rate of pay? \$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:    Full-Time    Part-Time

Have you ever been employed here before?    Yes    No

Are you legally eligible for employment in this country?    Yes    No

Will you relocate if the job requires it?    Yes    No

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

- This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.**

Yes    No    Need more information about the job's "essential functions" to respond

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime?

- Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.**
- Yes    No
- If **yes**, please provide dates and details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY** (Starting with your most recent employer, provide the following information)

Employer	Telephone # ( )	Dates employed	Month / Year	to	Month / Year
Street Address/City/State/Zip					
Starting job title/final job title					
Immediate Supervisor/Title (most recent)				May we contact your reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?				Email:	
Summarize the type of work performed and job responsibilities					

Employer	Telephone # ( )	Dates employed	Month / Year	to	Month / Year
Street Address/City/State/Zip					
Starting job title/final job title					
Immediate Supervisor/Title (most recent)				May we contact your reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
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Street Address/City/State/Zip					
Starting job title/final job title					
Immediate Supervisor/Title (most recent)				May we contact your reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?				Email:	
Summarize the type of work performed and job responsibilities					

Is there any other job-related information you want us to know about you?

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**EDUCATIONAL BACKGROUND**

School Name	
Level of Education/Degree	
Major	Minor

School Name	
Level of Education/Degree	
Major	Minor

School Name	
Level of Education/Degree	
Major	Minor

**LICENSES AND CERTIFICATIONS**

License/Certification Name	License Number
Date Achieved	Renewal Date

License/Certification Name	License Number
Date Achieved	Renewal Date

License/Certification Name	License Number
Date Achieved	Renewal Date

**SKILLS, QUALIFICATIONS, AND AWARDS**

Summarize any special training, skills, licenses, awards, and/or certificates that may assist you in performing the position for which you are applying:

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**APPLICANT STATEMENT**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservations, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, co-worker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**

**I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to:**

- 1. Eliminate me from further consideration for employment, or**
- 2. May result in my immediate discharge from the employer's service, whenever it is discovered.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_