

Application for Employment

Please return to payroll department



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Drug Testing: Pre-employment testing, administered by Northland Associates, Inc., for drugs, will be required as a condition of employment. If the pre-employment testing reveals a presence of drugs, it will result in revocation of the conditional offer of employment.

Please print

POSITION(S) APPLIED FOR	DATE OF APPLICATION
HOW DID YOU HEAR ABOUT US?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	NUMBER	STREET
		CITY
		STATE
		ZIP CODE
TELEPHONE NUMBER(S)		

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? (*Proof of citizenship or immigration status will be required upon employment*). Yes No

On what date would you be available for work? ____/____/____

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

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

Can you travel if a job requires it? Yes No

Have you been convicted of a felony in the last 7 years? (*Conviction will not necessarily disqualify an applicant from employment*) Yes No

If yes, please explain _____

Education

SCHOOL NAME & LOCATION																
ELEMENTARY SCHOOL				HIGH SCHOOL				UNDERGRADUATE COLLEGE / UNIVERSITY				GRADUATE / PROFESSIONAL				
YEARS COMPLETED (CIRCLE ONE)																
4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
DIPLOMA DEGREE																
DESCRIBE COURSE OF STUDY																
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES																
STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION																

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References
 Give name, address & telephone number of 3 references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? Yes No
 If Yes, describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

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, handicap or other protected status.

EMPLOYER		DATES EMPLOYED		WORKED PERFORMED
		TO	FROM	
ADDRESS				
TEL NUMBER(S)		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

EMPLOYER		DATES EMPLOYED		WORKED PERFORMED
		TO	FROM	
ADDRESS				
TEL NUMBER(S)		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

EMPLOYER		DATES EMPLOYED		WORKED PERFORMED
		TO	FROM	
ADDRESS				
TEL NUMBER(S)		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

EMPLOYER		DATES EMPLOYED		WORKED PERFORMED
		TO	FROM	
ADDRESS				
TEL 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.

Special Skills and Qualifications

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

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. **Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

Voluntary Survey

(Please Print)

Date _____

Government agencies at times require period reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

NAME		
ADDRESS		
CITY	STATE	ZIP
JOB TITLE		
SOCIAL SECURITY NUMBER		

✓ COMPLETE ONLY THE SECTIONS BELOW THAT HAVE BEEN CHECKED	
	CURRENT JOB
	CHECK ONE <input type="checkbox"/> Male <input type="checkbox"/> Female
	CHECK ONE OF THE FOLLOWING (ETHNIC ORIGIN) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
	CHECK ONE OF THE FOLLOWING (ETHNIC ORIGIN) <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
	BIRTH DATE

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.

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 _____ Dept _____

By _____
Name & Title

Date

Notes

