

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Education

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
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 you 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.

1.

Employer		Dates Employed: From To		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary: Starting Final		
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Dates Employed: From To		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary: Starting Final		
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed: From To		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary: Starting Final		
Job Title	Supervisor			
Reason for Leaving				

4.

Employer		Dates Employed: From To		Work Performed
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"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Microsoft Powerpoint	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Microsoft Excel	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word/WordPerfect	_____	_____

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

Note to Applicants: DO NOT ANSWER THIS QUESTION 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, 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

1. _____ () _____
(Name) (Phone #)

(Address)

2. _____ () _____
(Name) (Phone #)

(Address)

3. _____ () _____

(Name)	(Phone #)
(Address)	

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Remarks	_____		
		Interviewer	Date
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Employment _____
Job Title _____	Hourly Rate/ Salary _____	Department _____	
	By: _____		DATE _____
	NAME AND TITLE		DATE

NOTES

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER
FOR PERSONNEL DEPARTMENT USE ONLY**

Position Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NOTES: