## NAME:

# POSITION

### APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

	(PLE	ASE PRINT)			
Position(s) Applied For			Date	of Application	
How Did You Learn About Us?  Advertisement Employment Agency	□ Relative □ Friend	☐ Inquiry ☐ Other			
Last Name	First Name		Middle Na	ame	
Address Number St	reet	City	State	Zip	Code
Telephone Number(s)			Social Security Nu	umber (Volunta	ary)
Best time to contact you at hor	me is:			:	AM ————————————————————————————————————
If you are under 18 years of ag proof of your eligibility to work		required		□ Yes	□ No
Have you ever filed an applicat	ion with us before	?	•••••	🗆 Yes	□No
	•••••	If Yes, give date		_	
Have you ever been employed	with us before?		•••••	🗆 Yes	□ No
If Yes, give date					
Do any of your friends or relat	ives, other than spo	ouse, work here?		🗆 Yes	□ No
Are you currently employed?			•••••	🗆 Yes	□ No
May we contact your present e	mployer?			🗆 Yes	□ No
Are you prevented from lawful country because of Visa or Imperior of citizenship or imperior of citize	nigration Status?		nployment	. 🗆 Yes	□ No
Date available for work/_	/ What is y	our desired salary ra	nge?		
Are you available to work:	☐ Full-Time	(please indicate 1	2 3 shift)		
	☐ Part-Time	(please indicate Mo	ornings Afterno	oon Evenir	ngs)
	☐ Temporary	(please indicate da	tes available	//	_//_)
Are you currently on "lay-off" s	status and subject t	to recall?	•••••	🗆 Yes	□ No
Can you travel if a job requires	it2			□ Ves	□ No

#### **EDUCATION**

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School			-	
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe an	ny specialized trainir	ng, apprenticeshi <sub>l</sub>	p, skills and extr	a-curricular acti	vities.	
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Describe an	y job-related trainin	g received in the	United States m	ilitary.		

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#### **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, disabilities or other protected status.

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if you need additional opins, p
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			
ummarize special job-rela	ted skills and qualifica	ations acquired from em	ployment or other experience
PECIALIZED SKILLS	(CHECK SKILLS/	EQUIPMENT OPERATI	ED)
		Production/Mobile	
Terminal	Spreadsheet	Machinery (list)	Other (list)
PC/MAC	Word Processing		
Typewriter	Shorthand		
WPM	WPM		
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	(Name)		Phone #
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	(Address) (Name)		)
	(Address)  (Name)  (Address)		Phone #

Position(s) Applied For Is Open:		U		
Position(s) Considered For:				
		Date		
CORRAGED TO COMPANY OF THE COMPANY O	Vanestroffic			

DATE:

#### **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

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				
	•	Signature of Applicant	Date	

FOR PERSONNI	EL DEPARTMENT U	JSE ONLY	
Arrange Interview □ Yes □ No Remarks			
Employed	Employment	INTERVIEWER DATE	
	Department _		-
By	NAME AND TITLE	DATE	

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