



Application for Employment

Equal Employment Opportunity Company

Instructions: We appreciate your interest in our organization. We consider applicants for all positions without regard to race, color, creed, age, religion, sex, disability or handicap, marital status, national origin, U.S. military service or arrest/conviction record.

Position(s) applied for:		Date of application:
How did you learn about us:		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Job Fair
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Website
<input type="checkbox"/> Other _____		
Complete name (last)	(first)	(middle initial)
Street address		
City	State	Zip
Social security number (last four digits only) XXX-XX- ____ - ____	Phone number (____) ____ - ____	
Email address	Cell phone number (____) ____ - ____	
Any other name(s) under which you have been previously employed or under which school records would be located.		
Names of friends or relatives employed in this organization.		
If you are under 18 years of age, can you furnish a work permit?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give date _____		
Have you ever been employed with us before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give date _____		
Do you have the legal right to work in the U.S.? <i>(Proof of citizenship or immigration status will be required upon employment)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date would you be available to work?		
Are you available to work:		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Day Shift
<input type="checkbox"/> Night Shift	<input type="checkbox"/> Temporary	
Can you travel if the job requires it?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are there limitations? Explain.		
Do you have a valid driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received any training in the U.S. military related to the job for which you are applying?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:		

Employment Experience: Start with your present or last job. Include any Job-related military service assignments and volunteer activities. You may exclude voluntary work which indicates race, color, religion, gender, national origin, handicap or other protected status. Please account for all time for at least the past five (5) years.

<p>Employer _____ Address _____ Name of Supervisor _____ State Job Title and Describe Your Work: _____ _____ _____</p>	<p>Telephone (____) _____ <u>Dates Employed – (Month/Year)</u> FROM _____ TO _____ Reason for Leaving: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Employer _____ Address _____ Name of Supervisor _____ State Job Title and Describe Your Work: _____ _____ _____</p>	<p>Telephone (____) _____ <u>Dates Employed – (Month/Year)</u> FROM _____ TO _____ Reason for Leaving: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Employer _____ Address _____ Name of Supervisor _____ State Job Title and Describe Your Work: _____ _____ _____</p>	<p>Telephone (____) _____ <u>Dates Employed – (Month/Year)</u> FROM _____ TO _____ Reason for Leaving: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Employer _____ Address _____ Name of Supervisor _____ State Job Title and Describe Your Work: _____ _____ _____</p>	<p>Telephone (____) _____ <u>Dates Employed – (Month/Year)</u> FROM _____ TO _____ Reason for Leaving: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Employer _____ Address _____ Name of Supervisor _____ State Job Title and Describe Your Work: _____ _____ _____</p>	<p>Telephone (____) _____ <u>Dates Employed – (Month/Year)</u> FROM _____ TO _____ Reason for Leaving: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

If you need additional space, please continue on a separate sheet of paper

