





# 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, disability or other protected status.

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

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

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

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

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

# ADDITIONAL INFORMATION

## Other Qualifications

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


## SPECIALIZED SKILLS

(Check Skills/Equipment Operated)

<input type="checkbox"/> Word Processor <input type="checkbox"/> PC/MAC <input type="checkbox"/> MS Word <input type="checkbox"/> Excel <input type="checkbox"/> Power Point	Production/Mobile Machinery (list) _____ _____ _____	Other (list) _____ _____ _____ _____
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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, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

\_\_\_ Yes    \_\_\_ No

## REFERENCES

1		(    )		-	
	<i>Name</i>				<i>Phone #</i>
	<i>Address</i>				
2		(    )		-	
	<i>Name</i>				<i>Phone #</i>
	<i>Address</i>				
3		(    )		-	
	<i>Name</i>				<i>Phone #</i>
	<i>Address</i>				

# APPLICANTS STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application to 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 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted for 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 an 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

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview    ( ) Yes    ( ) No                      Date: \_\_\_\_\_    Time: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Interviewer                      Date

Employed                      ( ) Yes    ( ) No                      Date of Employment \_\_\_\_\_

Job Title: \_\_\_\_\_                      Hourly Rate/Salary: \_\_\_\_\_

Department: \_\_\_\_\_

By: \_\_\_\_\_

Name and Title

Date

# INVITATION to IDENTIFY for EQUAL OPPORTUNITY EMPLOYMENT PURPOSES

Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. If you fall into one of these protected classifications, we invite you to identify yourself and receive coverage under our company's Equal Opportunity Employment Plan. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with Applicable Law.

Last Name:	First Name:	Middle Name:
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Position Applied For:	Date:
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**PLEASE CHECK ONE:**

- Male  Female

**Please Indicate the Appropriate Race/Ethnic Group:**

- White  Asian  
 Black/African American  Hispanic or Latino  
 American Indian or Alaskan Native

**How were you Referred to this Job:**

- Advertisement/Newspaper  School/College  
 Current Employee Referral  Current/Former Employee  
 Employment Agency  Temporary Agency  
 Government Agency  Walk In  
 Other (Please Specify) \_\_\_\_\_

**Do you have any disabilities, mental or physical, ie. learning disability, deafness, legal blindness?**

- Yes  No

If yes, please explain: \_\_\_\_\_

**If you are a Veteran please check all that applies:**

- U. S. Veteran  
 Disabled Veteran  
 Other Protected Veteran \*  
 Armed Forces Service Medal Veteran\*\*  
 Recently Separated Veteran\*\*\*

\*Other Protected Veteran - served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

\*\*Armed Forces Service Medal Veteran - while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

\*\*\*Recently Separated Veteran - during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service,