

**APPLICATION FOR POSITION
AN EQUAL OPPORTUNITY EMPLOYER**

*(In answering questions,
use extra blank sheet
if necessary)*

No employee, applicant, or candidate for promotion, training or other advantage shall be discriminated against (or given preference) because of race, color, religion, sex, age, physical handicap, veteran status, or national origin.

Date of Application

PLEASE READ CAREFULLY AND WRITE OR PRINT ANSWERS TO ALL QUESTIONS. DO NOT TYPE.

A. PERSONAL INFORMATION

Name - Last	First	Middle	Social Security No.	Home Telephone ()
				Business Telephone ()
Present Address: - Street		(Apt #)	City	State Zip
Person to notify in case of Emergency or Accident - Name:				
Address:			Telephone:	

B. EMPLOYMENT INFORMATION

Position Desired:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Either	Date Available For Employment:	Wage/Salary Expectations:
List Hrs./Days You Prefer To Work:	List Any Hrs./Days You Are Not Available: (Except for times required for religious practices or observances)		Can You Work Overtime, If Necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are You Employed Now?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If So, May We Inquire Of Your Present Employer?: <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes: Name Of Employer: Phone Number: ()		
Have You Applied For A Position With This Office Before? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, When?: Month and Year Location			
Are you able to perform the essential functions of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the functions that cannot be performed	Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No (Convictions for marijuana-related offenses that are more than two years old need not be listed.) If yes, state nature of the crime(s), when and where convicted and disposition of the case		
<i>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)</i>	<i>(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)</i>		
Referred By / Or Where Did You Learn Of This Job?:			
Can You, Upon Employment, Submit Verification Of Your Legal Right To Work In The United States?: <input type="checkbox"/> Yes <input type="checkbox"/> No Submit Proof That You Meet Legal Age Requirement For Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Language(s) Applicant Speaks or Writes (If Use Of A Language Other Than English is Relevant To The Job For Which The Applicant Is Applying:	

C. EDUCATIONAL HISTORY

Name & Address Of Schools Attended (Include Current)	Number of Months / Years Attended	Highest Grade/Level Completed	Diploma/Degree(s) Obtained/Areas of Study
High School			
College			Degree/Major
Post Graduate			Degree/Major
Business / Trade / Technical			Course/Diploma/License/Certificate
Other			Course/Diploma/License/Certificate
Specific Training, Skills, Education, Or Experiences Which Will Assist You In The Job For Which You Have Applied.			
Membership / Professional or Civic Organizations (Excluding those that disclose race, color, religion or national origin)			
Future Educational Plans			
Military - Did you serve in the armed forces <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Branch?: Training relevant to position for which you are applying:			

D. SPECIAL SKILLS Skills That May Be Applicable To Position: **COMPUTER SKILLS** Typing Speed: wpm

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. REFERENCES — List below two persons NOT related to you who have knowledge of your work performance within the last three years.

(1)	Name	Address	Telephone Number	(<input type="checkbox"/> Work <input type="checkbox"/> Home)	Occupation	Years Acquainted
(2)	Name	Address	Telephone Number	(<input type="checkbox"/> Work <input type="checkbox"/> Home)	Occupation	Years Acquainted
Please Feel Free To Add Any Information Which You Feel Will Help Us Consider You For Employment						

E. EMPLOYMENT RECORD INFORMATION SUPPLIED ON ATTACHED RESUME

LIST MOST RECENT EMPLOYMENT FIRST (Full or Part-Time) **May We Contact Your Previous Employer(s) For A Reference?** Yes No

1) Employer / Company Name					Type of Business:
Address	Street	City	State	Zip Code	Work Performed. Be Specific:
Phone Number ()					
Your Position		Dates <u>Mo.</u> <u>Yr.</u> <u>Mo.</u> <u>Yr.</u>			
		From	To		
Supervisor's Name		Hourly Rate/Salary			
		Starting	Final		
Reason For Leaving					
2) Employer / Company Name					Type of Business:
Address	Street	City	State	Zip Code	Work Performed. Be Specific:
Phone Number ()					
Your Position		Dates <u>Mo.</u> <u>Yr.</u> <u>Mo.</u> <u>Yr.</u>			
		From	To		
Supervisor's Name		Hourly Rate/Salary			
		Starting	Final		
Reason For Leaving					
3) Employer / Company Name					Type of Business:
Address	Street	City	State	Zip Code	Work Performed. Be Specific:
Phone Number ()					
Your Position		Dates <u>Mo.</u> <u>Yr.</u> <u>Mo.</u> <u>Yr.</u>			
		From	To		
Supervisor's Name		Hourly Rate/Salary			
		Starting	Final		
Reason For Leaving					

DO NOT ANSWER ANY QUESTIONS IN THIS SECTION UNLESS THE BOXES ARE CHECKED - If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

<input type="checkbox"/>	Provide dates you attended school:	Elementary	To	<input type="checkbox"/> Number of dependents, including yourself		
	High School	From	To	<input type="checkbox"/> Are you a Vietnam veteran?		
	Other (give name and dates)	From	To	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/>	Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Engaged	<input type="checkbox"/> Married	<input type="checkbox"/> Date of Marriage	<input type="checkbox"/> Are you a U.S. Citizen?
		<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	What was your previous address?				<input type="checkbox"/> How long at previous address? _____ years	
<input type="checkbox"/>	State names of relatives and friends working for us, other than your spouse.				<input type="checkbox"/> How long at present address? _____ years	
<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If "Yes," with what employers?				If not, employment is subject to verification of age.	

READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

If requested, I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

Date: _____ Signature: _____