

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of a non job related medical condition or handicap, or any other legally protected status. Proof of citizenship or immigration status will be requested upon employment

(PLEASE TYPE OR PRINT)

Position Applied For

Date of Application

Last Name

First Name

Middle Name or Initial

Address

City

State

Zip Code

Telephone Number(s) (indicate home or work)

Social Security Number

Date Available: _____ Are you available: Full Time Part Time Weekends

Have you been convicted of a felony within the past 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, attach explanation.

Education

	High School	Undergraduate	Graduate
School Name & Location			
Years Completed	1 2 3 4	1 2 3 4	1 2 3 4

Diploma/Degree			
Course of Study			

State any additional information you feel may be helpful to us in considering your application (such as any specialized training; skills; apprenticeships; honors received; professional, trade, business, or civic organizations or activities; job-related military training or experience; foreign language abilities; etc.)

Employment History (Last Employer First)

Dates	Employers Name and Address	Kind of Work	Salary	Reason for Leaving
From			\$	
To			Per	
From			\$	
To			Per	
From			\$	
To			Per	
From			\$	
To			Per	

Additional Remarks

Do you have the legal right to reside and work in the United States?	Yes ___
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Proof of citizenship or immigration status may be required upon employment	No <input type="checkbox"/>
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Applicant's Statement

I certify that the information given on this application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application, and understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is "at will", which means that I may resign at any time and the employer may discharge me at any time with or without cause. I further understand that this "at will" employment relationship may not be changed orally, by any written document, or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of the organization.

Signature of Applicant_____
Date**APPLICATION FOR EMPLOYMENT**