## APPLICATION FOR EMPLOYMENT

We Consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

	(PL	EASE PRINT)			
Position(s) applied for			Date of A	application	1
How did you learn about us?  [ ] Advertisement  [ ] Employment Agency	[ ] Friend [ ] Relative		[ ] Walk-in [ ] Other		
Last Name	First Name		Middle Name	:	
Address Number	Street	City	State	Zip	Code Code
Telephone Number(s)		Social	Security Number		
If you are under 18 years of a your eligibility to work?	ge, can you provide r	equired proof of		] Yes	[ ] No
Have you ever filed an application If yes, give	ation with us before?		]	] Yes	[ ] No
Have you ever been employed If yes, give	d with us before?		]	] Yes	[ ] No
Are you currently employed?			]	] Yes	[ ] No
May we contact your present	employer?		[	] Yes	[ ] No
Are you prevented from lawfucountry because of Visa or Im		yed in this	[	] Yes	[ ] No
Proof of citizenship or immig On what date would you be a	gration status will be required up vailable for work?	oon employment.	_		
Are you available to work: [	] Full Time [] Part	Time [] Shit	ft Work [] 7	Гетрога	ry
Are you currently on "lay-off	" status and subject to	recall?	]	] Yes	[ ] No
Can you travel if a job require	es it?		[	] Yes	[ ] No
Have you been convicted of a Conviction will not necessari	felony within the las		[	] Yes	[ ] No
If Yes, please explain					

## Education

	Elementary So	chool	High	h Scł	iool						duate			Grad					
								Col	leg	ge/U	Inive	ersity	]	Profe	ssic	ona	ıl_		
School Name and																			
Location																			
Years Completed	4   5   6	7   8	9	10	11	12	,	1	2	2	3	4		1	2		3		4
Diploma/Degree													$\perp$						
Describe any specia	lized																		
training, apprentice																			
and extra-curricular	± '																		
Describe any honor	s you																		
have received																			
State any additional																			
information you fee																			
helpful to us in cons	sidering																		
your application																			
		icate an	y fore	eign l			_	u ma	ıy s	spea	ık								
	FLUEN	T			(	GOOD	)							FAIF	ξ				
SPEAK																			
READ																			
WRITE																			
l																			
List professional, tra																			
You may exclude members	hips which would reve	al sex, rac	ce, relig	zion, no	ationa	l origin,	, ag	e, anc	estr	y, or	· hand	icap or	othe	er prot	ectea	l sto	itus:		
													_						
References																			
	1 . 1 1	1		2.1				1				1 .	1 .						
Give name, addre	•	e numb	er of	thre	e rei	terenc	ces	who	o a	re 1	not i	elate	d to	o you	ı ar	ıd	are	no	ot
previous employe																			
1																			
2																			
3.																			
Did you ever serve in																			
engaged, including th		, the Vie	tnam	Conf	lict, c	or the F	Per	sian (	Gul	lf Co	onfli	ct?		[]Y	z'es		[]]	No	
If yes, please answe			O.T.	0									-	7		_		<b>.</b>	
	a resident of the													] Y				NO	
b. In which	th war or conflict	did yo	u serv	′e'? _															_
c. On whi	ch dates did you ou honorably dis	serve?	10												1 37			,	NT.
a were v	ou nonoraniv dis	cnargeo	1/											- 1	ΙY	es	- 1	1	IN()

## **EMPLOYMENT EXPERIENCE**

Start with your present of last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed From   To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting   Final	
Job Title Supervisor		
Reason for Leaving		
Employer	Dates Employed From   To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting   Final	
Job Title Supervisor		
Reason for Leaving		
Employer	Dates Employed From   To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting   Final	
Job Title Supervisor		
Reason for Leaving		
Employer	Dates Employed From   To	Work Performed
Address	,	
Telephone Number(s)	Hourly Rate/Salary Starting   Final	
Job Title Supervisor		
Reason for Leaving		
If you need additional sna	oca nlassa continua on s	sanarata sheet of nanor

If you need additional spa	ace, please continue on	n a separate sheet of paper.	
<b>Special Skills &amp; Qualifications</b>			
Summarize special job-related skills and qualification	ons acquired from employmen	ent or other experience.	

## **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

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 applicants 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 if 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	
FOR	PERSONNEL DEPARTMENT U	JSE ONLY	_
Arrange interview [ ] Yes [ ] N Remarks	О		
		Interviewer	Date
Employed [ ] Yes [ ] No	Date of Employment Hourly Rate/		
Job Title	Salary	Department	
	By		
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