## **APPLICATION FOR EMPLOYMENT**

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

| POSITION APPLIED FOR:   | DATE OF APPLICATIO | N:                     |               |
|---|--------------------|------------------------|---------------|
| HOW DID YOU LEARN ABOUT US? ADVERTISEMENT EMPLOYMENT AGENCY                                       |                    |                        |               |
| LAST NAME FIRST NA  | ME                 |                        | DATE OF BIRTH |
| ADDRESS STREET  | CITY               |                        | TE ZIP        |
| TELEPHONE NUMBER(S)   |                    | SOCIAL SECURITY NUMBER |               |
| BEST TIME TO CONTACT YOU AT HOME IS:  |                    |                        |               |
| IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQ PROOF OF YOUR ELIGIBILITY TO WORK?          | UIRED              | □YES                   | □no           |
| DO YOU HAVE A TWIC CARD ?   |                    | □YES                   | □NO           |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES PLEASE EXPLAIN                                   |                    | □YES                   | □NO           |
| HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? IF YES, GIVE DATE                              |                    | □YES                   | □NO           |
| HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? IF YES, GIVE DATE                                     |                    | □YES                   | □NO           |
| DO ANY OF YOUR FRIENDS OR RELATIVES, OTHER THAN SPOUIF YES, STATE NAME, RELATIONSHIP AND LOCATION |                    | □YES                   | □NO           |
| ARE YOU CURRENTLY EMPLOYED?   |                    | □YES                   | □NO           |
| MAY WE CONTACT YOUR PRESENT EMPLOYER?   |                    | □YES                   | □NO           |
| ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYE COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?   | D IN THIS          |                        |               |
| PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EM                               | PLOYMENT.          | $\Box$ YES             | $\square$ NO  |
| DATE AVAILABLE FOR WORK// WHAT IS YOUR D  | DESIRED SALARY R   | ANGE?                  |               |
| ARE YOU AVAILABLE TO WORK:   □FULL TIME □PART TIME □TEMPORARY                                     |                    |                        |               |
| ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO  | RECALL?            | □YES                   | □no           |

## **EDUCATION**

| SCHOOL                    | NAME AND ADDRESS OF SCHOOL | COURSE OF STUDY | YEARS<br>COMPLETED | DIPLOMA/<br>DEGREE |
|---------------------------|----------------------------|-----------------|--------------------|--------------------|
| HIGH SCHOOL               |                            |                 |                    |                    |
| UNDERGRADUATE<br>COLLEGE  |                            |                 |                    |                    |
| GRADUATE/<br>PROFESSIONAL |                            |                 |                    |                    |
| OTHER (SPECIFY)           |                            |                 |                    |                    |

WORK 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, DISABILITIES OR OTHER PROTECTED STATUS.

| EMPLOYER                   | DATES EM   | PLOYED   | WORK PERFORME            |  |
|----------------------------|------------|----------|--------------------------|--|
| ADDRESS                    | FROM       | ТО       |                          |  |
| TELEPHONE NUMBERS          |            |          |                          |  |
| STARTING PRESENT JOB TITLE | HOURLY RAT | E/SALARY |                          |  |
| SUPERVISOR                 | STARTING   | FINAL    |                          |  |
| REASON FOR LEAVING         |            |          | MAY WE CONTACT? □YES □NO |  |
| EMPLOYER                   | DATES EM   | PLOYED   | WORK PERFORMED           |  |
| ADDRESS                    | FROM       | ТО       |                          |  |
| TELEPHONE NUMBERS          |            |          |                          |  |
| STARTING PRESENT JOB TITLE | HOURLY RAT | E/SALARY |                          |  |
| SUPERVISOR                 | STARTING   | FINAL    |                          |  |
| REASON FOR LEAVING         |            |          | MAY WE CONTACT? □YES □NO |  |
| EMPLOYER                   | DATES EM   | PLOYED   | WORK PERFORMED           |  |
| ADDRESS                    | FROM       | то       |                          |  |
| TELEPHONE NUMBERS          |            |          |                          |  |
| STARTING PRESENT JOB TITLE | HOURLY RAT | E/SALARY |                          |  |
| SUPERVISOR                 | STARTING   | FINAL    |                          |  |
| REASON FOR LEAVING         |            |          | MAY WE CONTACT? □YES □NO |  |
| EMPLOYER                   | DATES EM   | PLOYED   | WORK PERFORMED           |  |
| ADDRESS                    | FROM       | то       |                          |  |
| TELEPHONE NUMBERS          |            |          |                          |  |
| STARTING PRESENT JOB TITLE | HOURLY RAT | E/SALARY |                          |  |
| SUPERVISOR                 | STARTING   | FINAL    |                          |  |
| REASON FOR LEAVING         |            |          | MAY WE CONTACT? DYES DNO |  |

| COMMENTS: INCLUDE EXPLANATION OF ANY GAPS IN EMPLOYMENT. |                                       |             |  |  |              |      |
|--|---------------------------------------|-------------|--|--|--------------|------|
|  |                                       |             |  |  |              |      |
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|  |                                       |             |  |  |              |      |
|  |                                       | <del></del> |  |  |              | <br> |

| DESCRIBE ANY SPECI             | ALIZED TRAINING, APPRENTIC                      | CESHIP, SKILLS AND EXTRA-CURE  | RICULAR ACTIVITIES.                   |
|--------------------------------|---|--|---------------------------------------|
|                                |   |  |                                       |
|                                |   |  |                                       |
| ·                              |   |  |                                       |
|                                |   |  |                                       |
|                                |   |  |                                       |
| DESCRIBE ANY JOB-R             | RELATED TRAINING RECEIVED                       | IN THE UNITED STATES MILITAR   | Y                                     |
|                                |   |  | · -                                   |
|                                |   |  |                                       |
|                                |   |  |                                       |
|                                |   |  |                                       |
| LIST PROFESSIONAL,             | TRADE, BUSINESS OR CIVIC AC                     | CTIVITIES AND OFFICES HELD.<br>AL ORIGIN, AGE, ANCESTRY, DISABILITY OR OTHER PROTECT |                                       |
| YOU MAY EXCLUDE MEMBERSHIP WHI | CH WOULD REVEAL GENDER, RACE, RELIGION, NATIONA | AL ORIGIN, AGE, ANCESTRY, DISABILITY OR OTHER PROTECT                                | ED STATUS:                            |
|                                |   |  |                                       |
|                                |   |  |                                       |
|                                |   |  |                                       |
|                                |   |  |                                       |
| ADDITIONAL INFO                | ORMATION.                                       |  |                                       |
| OTHER QUALIFICATION            | ONS. SUMMARIZE SPECIAL JOB-RELATED SKILLS AN    | ID QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTI                                    | IER EXPERIENCE.                       |
|                                |   |  |                                       |
|                                |   |  |                                       |
|                                |   |  |                                       |
| <u></u>                        |   |  |                                       |
|                                |   |  |                                       |
|                                |   | •  |                                       |
| SPECIALIZED SKI                | LLS (SKILLS/EQUIPMENT OPE                       | RATED)   |                                       |
| TERMINAL                       | SPREADSHEET                                     | PRODUCTION/MOBILE  |                                       |
| <del></del>                    | —   | MACHINERY (LIST)   | OTHER (LIST)                          |
| PC/MAC                         | WORD PROCESSING                                 |  |                                       |
| TYPEWRITER                     | SHORTHAND                                       |  |                                       |
| WPM                            | WPM   |  |                                       |
| CTATE AND ADDITIONAL DIS       | CORMATION VOIL FEEL MAY BE HELDELL T            | TO US IN CONSIDERING YOUR APPLICATION.   |                                       |
| STATE ANY ADDITIONAL INF       | ORMATION TOU FEEL MAT DE HELFFOL I              | COSTIN CONSIDERANO TOUR AT LECATION.   | · · · · · · · · · · · · · · · · · · · |
|                                |   |  |                                       |
|                                |   |  |                                       |
|                                |   |  |                                       |
|                                |   |  |                                       |
| NOTE TO ALL APPL               | ICANTS: DO NOT ANSWER THI                       | S QUESTION UNLESS YOU HAVE B   | EEN INFORMED ABOUT THE                |
|                                | THE JOB FOR WHICH YOUR ARE A                    |  |                                       |
| ARE YOU CAPABLE OF             | F PERFORMING IN A REASONABLE                    | MANNER, WITH OR WITHOUT A REAS   | ONABLE ACCOMODATION, THE              |
| ACTIVITIES INVOLVED            | IN THE JOB OR OCCUPATION FOR W                  | VHICH YOU HAVE APPLIED? A REVIEW<br>_YES NO  | OF THE ACTIVITIES INVOLVED            |

| NAME                                      | PHONE NUMBER   | DO NOT INCLUDE FAMILY MEMBERS OR<br>BEST TIME TO CALL     | OCCUPATION   |
|---|--|---|--|
| 1.  |  |   |  |
| 2.  |  |   |  |
|   |  |   |  |
| 3.  |  |   |  |
|   |  |   |  |
|   |  |   |  |
| APPLICANT'S STAT                          | EMENT  |   |  |
| I CERTIFY THAT ANSWI                      | ERS GIVEN HEREIN ARE TRUI                              | E AND COMPLETE.   |  |
|   |  | CONTAINED IN THIS APPLICAT                                | ΓΙΟΝ FOR EMPLOYMENT AS                               |
| MAY BE NECESSARY IN                       | N ARRIVING AT AN EMPLOYM                               | IENT DECISION.  |  |
| THIS APPLICATION FOR                      | REMPLOYMENT SHALL BE CONSIDE                           | ONSIDERED ACTIVE FOR A PERI<br>ERED FOR EMPLOYMENT BEYO   | IOD OF TIME NOT TO EXCEED ND THIS TIME PERIOD SHOULD |
|   |  | RE BEING ACCEPTED AT THAT                                 |  |
|   |  | T, UNLESS OTHERWISE DEFINE                                | D BY APPLICABLE LAW, ANY<br>LOYMENT RELATIONSHIP MAY |
| NOT BE CHANGED BY A                       | ANY WRITTEN DOCUMENT OF                                | R BY CONDUCT UNLESS SUCH (                                | CHANGE IS SPECIFICALLY                               |
|   |  | EXECUTIVE OF THIS ORGANIZA                                |  |
| IN THE EVENT OF EMPL APPLICATION OR INTER | LOYMENT, I UNDERSTAND TH<br>RVIEW(S) MAY RESULT IN DIS | IAT FALSE OR MISLEADING INI<br>SCHARGE. I UNDERSTAND, ALS | FORMATION GIVEN IN MY<br>SO, THAT I AM REQUIRED TO   |
|   | AND REGULATIONS OF THE E                               |   |  |
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|   |  |   |  |
| SIGNATURE OF APPLIC                       | 1ANW   | DATE  |  |
| E SIGNATURE OF APPLIC                     |  |   |  |

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