



[Redacted]

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. Please print.

For Office Use Only

Name Employee #

Phone ( ) Phone ( ) Hire Date

Address Position

City/State/Zip Program

Position applied for Rate

Expected pay Hourly

Would you accept full-time work? Yes No Salary

Would you accept part-time work? Yes No Daily

On what date would you be available for work? Other

Have you ever been employed here before? Yes No Date Notes

Special training or skills (languages, machine operation, etc.) that would be of Special benefit in the job for which you are applying:

Are you legally eligible for employment in the United States? Yes No (if yes, proof is required)

Attachments

- Resume
Applicant Reference Check
Applicant Interview
Payroll Status Change Sheet

Are you of legal age to work in the United States? Yes No

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Table with 5 columns: School, Name and location of school, Course of Study, Did you graduate?, Degree or diploma. Rows include Grammar school, High school, College, Graduate school, Vocational Training/other.

Membership in professional or civic organizations (Exclude those which may disclose your race, color, religion, or national origin.)

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(other than family members or previous employers)

1. Name Phone ( )

Address

2. Name Phone ( )

Address

3. Name Phone ( )

Address



Place an  by the employer(s) you *do not* want us to contact. List your most recent employer first.

- |       |                                    |                    |
|-------|------------------------------------|--------------------|
| 1.    | Employer                           | Address            |
| ===== | Phone (    )                       |                    |
|       | Job Title                          | Supervisor         |
|       | Dates Employed: from            to |                    |
|       | Work Performed                     | Reason for Leaving |
| 2.    | Employer                           | Address            |
| ===== | Phone (    )                       |                    |
|       | Job Title                          | Supervisor         |
|       | Dates Employed: from            to |                    |
|       | Work Performed                     | Reason for Leaving |
| 3.    | Employer                           | Address            |
| ===== | Phone (    )                       |                    |
|       | Job Title                          | Supervisor         |
|       | Dates Employed: from            to |                    |
|       | Work Performed                     | Reason for Leaving |
| 4.    | Employer                           | Address            |
| ===== | Phone (    )                       |                    |
|       | Job Title                          | Supervisor         |
|       | Dates Employed: from            to |                    |
|       | Work Performed                     | Reason for Leaving |

*Please be sure to sign and date this application. Thank you for your interest.*

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge the information contained on this application is true. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have the similar right. In addition, I understand that no promise, representation, or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company.

Applicant's signature

- Date