



Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, sexual orientation, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

I. Personal Information

Date: _____

Name (Last, First, Middle):

Home Phone (Area Code, #):

Present Address:

Work Phone (Area Code, #):

Permanent Address (if different from above):

Social Security Number:

e-mail address

Are you 18 years or older? Yes No

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

1. Do you have or have you ever had a Security Clearance no _____ yes _____ date _____
If yes what level of clearance _____

2. Have you ever worked under a different name? If so, please specify: _____

2. Do you have any relatives who are presently (or have formerly been) employed by [Company]? Please specify:

3. How were you referred to [Company]? (If by an employee, please provide employee's name)

4. Have you ever been convicted of a felony? Yes No If yes, please explain:

(Note: You may not be denied employment solely on the basis of a conviction for a criminal offense. However, this will be reviewed in light of the job for which you have applied.)

II. Position Desired

Position Title _____ Salary Desired \$ _____ Date Available _____

III. Educational History

Please indicate highest grade completed: (12 = High School, 14 = Jr College; 16 = Bachelors; 18 = Masters; 20 = Phd)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
School Name/Location												Major or Specialty			Degree/Date Received				

High School	_____	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX
College	_____	_____	_____
College	_____	_____	_____
Tech School	_____	_____	_____
Other	_____	_____	_____

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

IV. Technical Skills /Years Used

V. Technical / Professional Certifications

VI. Employment Record *Please include all employment for the last ten years. Attach sheet if necessary.*

1.	_____	_____
	Company Name (Current or Most Recent Employer)	Position Held
	_____	Dates Employed: _____
	Location (City / State)	From To
	_____	_____
	Manager / Supervisor	Last Salary Last Increase Date Other Comp
	_____	_____
	Reason For Leaving	_____
2.	_____	_____
	Company Name	Position Held
	_____	Dates Employed: _____
	Location (City / State)	From To
	_____	_____
	Manager / Supervisor	Phone Final Salary
	_____	_____
	Reason For Leaving	_____

3. _____
 Company Name _____ Position Held _____

 Location (City / State) _____ Dates Employed: _____
 From _____ To _____

 Manager / Supervisor _____ Phone _____ Final Salary _____

 Reason For Leaving _____

VII. References *Please ensure references are work-related.*

Name	Company	Relationship (i.e., former manager, co-worker, etc.)	Phone
			()
			()
			()
			()

VIII. Work Availability

1. Are you willing to accept employment if it requires you to travel? Yes No
2. Are you able to work overtime if required? Yes No
3. If required by your job, do you have a valid driver's license in this State? Yes No Lic. #: _____

IX. Certification:

I hereby certify that all entries on the application are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment with [Company]. I understand that all information on this application is subject to verification and I consent to references, former employers and educational institutions listed being contacted regarding this application. I further understand and agree that this employment application does not create a contract of employment. I also understand that I may voluntarily leave or be terminated at any time and for any reason.

Date: _____

 Applicant Signature



VOLUNTARY SELF IDENTIFICATION, EEO FORM

The information requested is being collected for the purpose of reporting to federal, state and local equal employment opportunity agencies and is not to be considered a part of the application for employment. It will be separated from your employment application. Your response is voluntary.

Please check the appropriate response:

Male Female

Select All the following categories with which you identify:

WHITE (not of Hispanic origin)

BLACK (not of Hispanic origin)

HISPANIC (Mexican, Puerto Rican, Cuban, Central & South American or other Spanish culture)

ASIAN OR PACIFIC ISLANDER (having origins in any of the original peoples of the Far East, India, Southeast Asia or the Pacific Islands)

AMERICAN INDIAN OR ALASKAN NATIVE (having origins in any of the original peoples of North America)

INDIVIDUAL WITH A DISABILITY (the individual chooses to be identified as an individual with a disability)

VETERAN (Individual served in the United States Army, Navy, Marine Corps, Air Force, or Coast Guard, in a reserve unit of one of the military components, or in the National or Air National Guard of the United States, and was discharged or released under conditions other than dishonorable)

VIET NAM ERA VET (More than 180 days of active duty in The Republic of Vietnam 2-28-61/5-7-85)

DISABLED VET (disability of 30% or more designated by the Veterans Administration or discharge because of disability)

Signature of applicant

date _____

Printed name of applicant