APPLICATION FOR EMPLOYMENT

[Co. Logo and Address]

[Company] is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

 Last First Middle

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Sought \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Full Time \_\_\_ Part Time

Date Available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary Desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you over 18 years old? \_\_ Yes \_\_ No

Are you legally eligible for employment in the United States? \_\_\_ Yes \_\_\_ No

(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Yrs Completed (circle one) 1 2 3 4

Diploma: \_\_ Yes \_\_ No G.E.D.: \_\_ Yes \_\_ No

School(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4

School(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degrees Earned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Training or Degrees:

School(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s)Held\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Professional Memberships \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

This application for employment is good for 30 days only.

Consideration for employment after 30 days requires a new application.