NAME:

POSITION

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)					
Position(s) Applied For			Da	ate of Application	on
How Did You Learn About Us? Advertisement Employment Agency	□ Relative □ Friend	☐ Inquiry ☐ Other			
Last Name	First Name		Middle	Name	
Address Number Si	treet	City	State	e Zi	p Code
Telephone Number(s)			Social Security	Number (Volum	ntary)
Best time to contact you at hor	me is:				AM PM
If you are under 18 years of ag proof of your eligibility to work	e, can you provide : k?	required		□ Yes	□ No
Have you ever filed an applicat	ion with us before?	·		🗆 Yes	□ No
		If Yes, give date			
Have you ever been employed	with us before?			🗆 Yes	□ No
If Yes, give date					
Do any of your friends or relatives, other than spouse, work here? Yes No					
Are you currently employed?					□ No
May we contact your present employer?				□ No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment					
Date available for work/_					•
Are you available to work:	□ Full-Time	(please indicate 1			
	☐ Part-Time	(please indicate Mo	rnings Aftern	noon Eveni	ngs)
	☐ Temporary	(please indicate date	es available _	_//	_//)
Are you currently on "lay-off" status and subject to recall?					
Can you travel if a job requires it?					

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School			1	
Undergraduate College		*		
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.
a a

Describe any job-related training received in the United States military.	
	



EMPLOYMENT 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.

1.	Employer		Dates Employed From To	Work Performed
	Address			
	Telephone Number(s)		Hourly Rate/Salary Starting Final	
I	Job Title	Supervisor		
	Reason for Leaving			n
2.	Employer		Dates Employed From To	Work Performed
	Address			
ij	Telephone Number(s)		Hourly Rate/Salary Starting Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer		Dates Employed From To	Work Performed
	Address			
	Telephone Number(s)		Hourly Rate/Salary Starting Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer		Dates Employed From To	Work Performed
	Address			e
	Telephone Number(s)		Hourly Rate/Salary Starting Final	
	Job Title	Supervisor		
	Reason for Leaving			
	If you ne	eed additional space, p	olease continue on a sepa	rate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

ther Qualifications	4. 1.1.11. 1.110	tions acquired from amployment on other experience
ımmarize special job-rela	ited skills and qualifica	tions acquired from employment or other experience.
PECIALIZED SKILLS	(CHECK SKILLS/	EQUIPMENT OPERATED)
	0 11	Production/Mobile Machinery (list) Other (list)
Terminal	Spreadsheet	Machinery (list) Other (list)
PC/MAC	Word Processing	
Typewriter	Shorthand	L ate Lateral Park Lateral Control of the Control
WPM	WPM	
Note to Applicants: DO NO	T ANSWER THIS QUI	ESTION UNLESS YOU HAVE BEEN
NFORMED ABOUT THE	REQUIREMENTS OF	THE JOB FOR WHICH YOU ARE APPLYING.
Can you perform the essen	tial functions of the jol	o, for which you are applying, either with or without a
reasonable accommodation	n?	YESNO
REFERENCES		
1	(Name)	Phone #
	(Name)	
	(Address)	
2	(Name)	Phone #
	(Name)	Phone #
	(Address)	
3		()
	(Name)	Phone #
	(Address)	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 applications 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.

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 Applican	t	Date	

	FOR PERSONNEL DEPARTMENT	USE ONLY
Arrange Interview Remarks	□ Yes □ No	
Employed □ Yes	□ No Date of Employment	INTERVIEWER DATE
Job TitleBv		August Electric Villagina Call
Ву	NAME AND TITLE	DATE

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