

# EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND FULLY SUBSCRIBE TO THE PRINCIPLES OF EQUAL EMPLOYMENT OPPORTUNITY. APPLICANTS AND/OR EMPLOYEES ARE CONSIDERED FOR HIRE, PROMOTION AND JOB STATUS, WITHOUT REGARDS TO RACE, COLOR, RELIGION, CREED, SEX, MARITAL STATUS, NATIONAL ORIGIN, AND AGE, PHYSICAL OR MENTAL DISABILITIES.



## APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		E-mail Address				
Date Available		Referral Source		Desired Wage /Salary		
Position Applied for						
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
When required will you work overtime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>			

## EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, Computer skills, certifications or licenses held:

Are you able to read a tape measure? YES  NO

## REFERENCES

*Please list three professional references.*

Full Name		Relationship
Company		Phone
Address		
Full Name		Relationship
Company		Phone
Address		
Full Name		Relationship
Company		Phone
Address		

**PREVIOUS EMPLOYMENT**

Company	Phone
Address	Supervisor
Job Title	

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference?      YES       NO

Company	Phone
Address	Supervisor
Job Title	

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference?      YES       NO

Company	Phone
Address	Supervisor
Job Title	

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference?      YES       NO

**MILITARY SERVICE**

Have you ever been in the Armed Forces?      YES       NO

Skills or training obtained during military service

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.

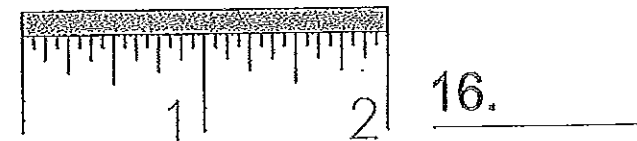
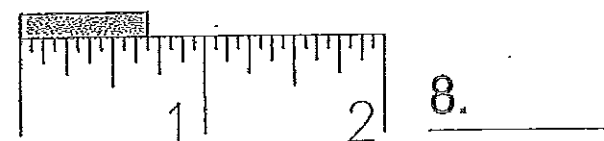
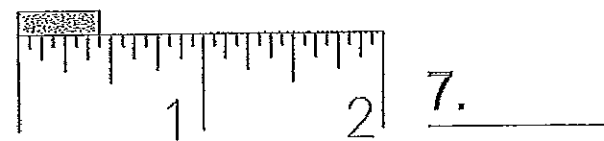
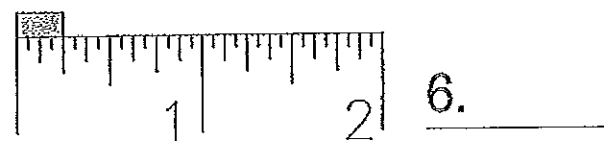
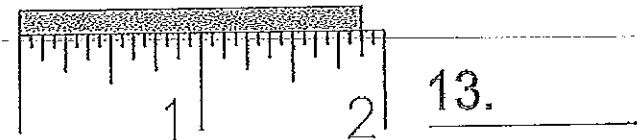
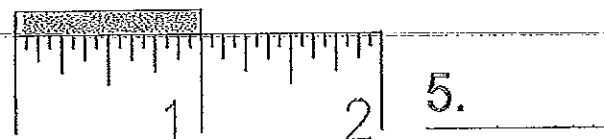
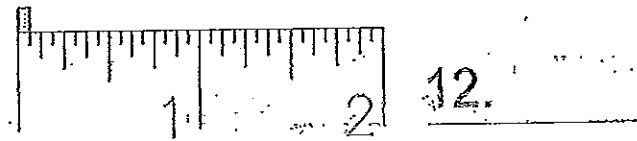
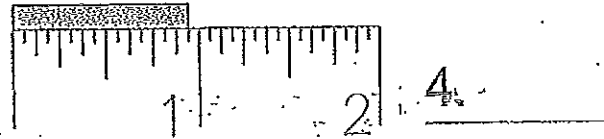
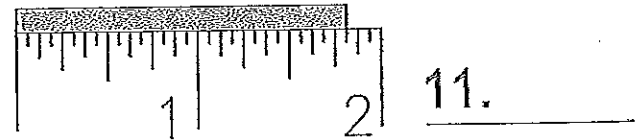
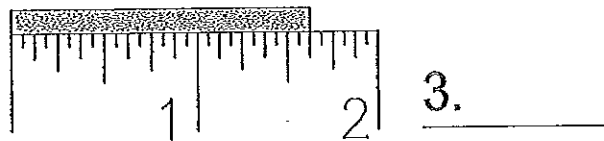
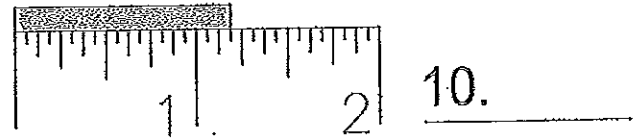
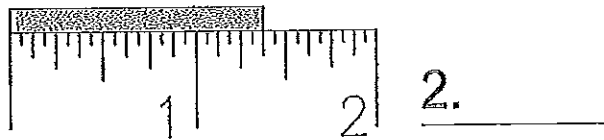
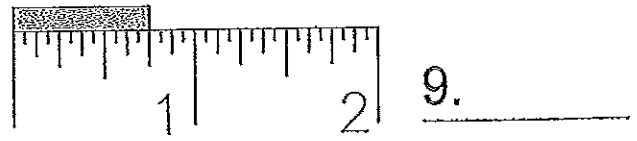
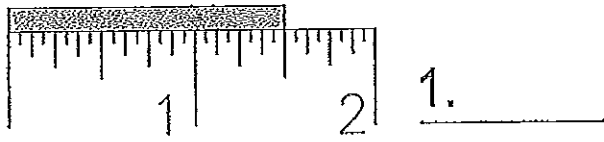
Signature	Date
-----------	------

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**DIRECTIONS:**

Measure the following shaded lines with the rulers given.



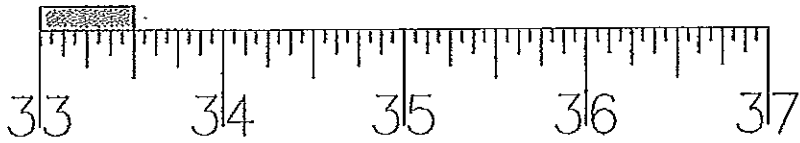
Name: \_\_\_\_\_

Date: \_\_\_\_\_

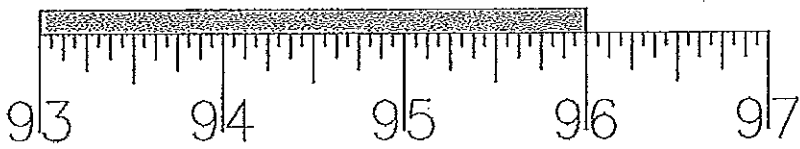
**DIRECTIONS:**

Measure the following shaded lines with the rulers given.

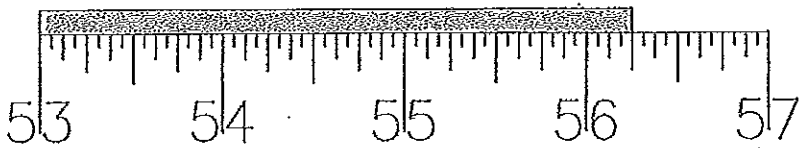
Give your answers in feet and inches. (ex.  $4' - 1 \frac{3}{16}''$ )



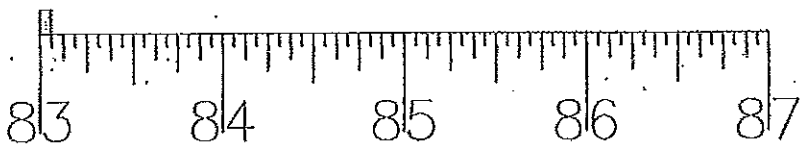
1. \_\_\_\_\_



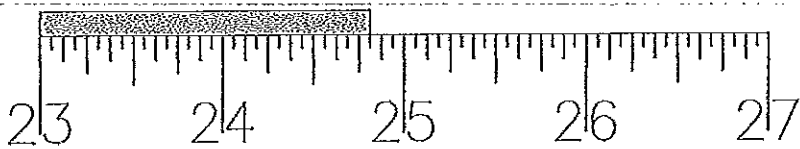
2. \_\_\_\_\_



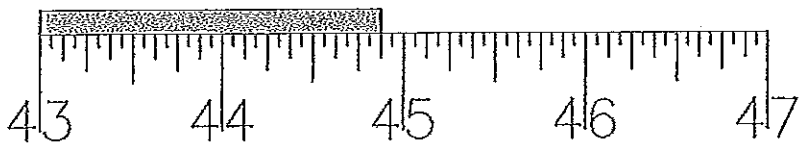
3. \_\_\_\_\_



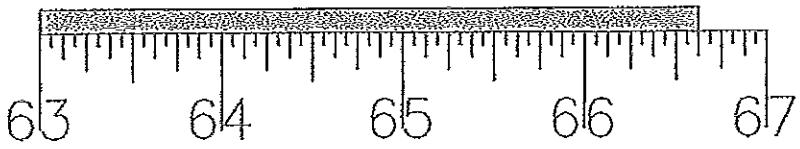
4. \_\_\_\_\_



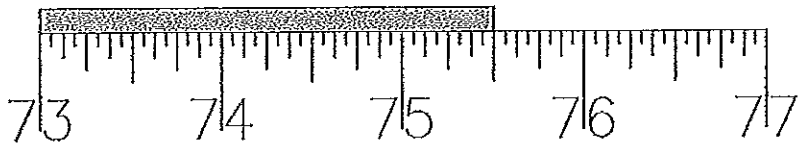
5. \_\_\_\_\_



6. \_\_\_\_\_



7. \_\_\_\_\_



8. \_\_\_\_\_

## New Employee Self-Identification Form\*

Federal laws and regulations require us to report on our workforce by race, gender, and veteran status and to offer the opportunity for self-identification as to disabilities. Please assist us by completing this form. YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Data which you provide shall be kept strictly confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and/or disabled veterans; (ii) first aid and safety personnel may be informed, to the extent appropriate, if the condition might require emergency treatment; and (iii) governmental officials reviewing the Company's compliance status shall be informed.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ (Optional) Social Security Number: \_\_\_\_\_

**Gender: Please place a check next to the appropriate category.**

MALE

FEMALE

**Race/Ethnicity: Please check one.**

Hispanic or Latino

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

**Veteran Status: Check all that apply.**

I am a disabled veteran.<sup>†</sup>

I am a recently separated veteran.<sup>†</sup> Date of discharge (MM/DD/YY) \_\_\_\_\_

I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

I participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Fed. Reg. 1209).

### Disability

I am an individual with a disability.\*

I have received the form and decline to provide the requested information.

\* Categories consistent with 41 C.F.R. §60-300 & Form VETS-100A

<sup>†</sup> If you need a definition of these terms, please see below.

### SELF-IDENTIFICATION FORM DEFINITIONS

- The term "Disabled Veteran" means –
  - a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- The term "Recently Separated Veteran" applies to any veteran during the three -year period beginning on the date of discharge or release from active duty.
- An "individual with a disability" means any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such impairment; or (iii) is regarded as having such impairment.