

PLEASE REMOVE THIS APPLICANT DATA SHEET AND FORWARD TO THE HUMAN RESOURCE DEPARTMENT PRIOR TO FORWARDING APPLICATION TO SUPERVISOR

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, sexual preference, marital or veteran status, medical condition or disability. As an employer, we comply with all reporting as required with all governmental regulations.

In an attempt to help us comply with the government record-keeping as accurately as possible, please complete the following information on this Applicant Data Record.

These forms are kept in a separate Confidential File separate from all employment applications and are used solely for our reporting responsibilities.

DATE: _____ **POSITION APPLIED FOR:** _____

REFERRAL SOURCE: Name of Newspaper _____ Name of Website _____

Name of person _____ **Sign Where?** _____ **Walk-In** _____

If other please describe: _____

NAME: _____ **PHONE:** (____) _____

ADDRESS: _____

AFFIRMATIVE ACTION SURVEY

Government agencies may require periodic reports on sex, ethnicity, disability and veteran status or applicants. This data is for analysis and affirmative action only. Submission of information is voluntary:

Check one: _____ **Male** _____ **Female**

Check one of the following: _____ **White** _____ **Black** _____ **Hispanic**

_____ **Asian/Pacific Islander** _____ **American Indian/Alaskan Native**

Check if any of the following are applicable:

_____ **Vietnam Era Veteran** _____ **Disabled Veteran** _____ **Disabled Individual**

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed color, sex, age, national origin, handicap or veteran status

P E R S O N A L	Last Name _____	First _____	Middle _____	Date _____
	Street Address	_____		
	City, State, Zip	_____		
	Have you ever applied for employment with us? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____		
	If yes, Month and Year _____, Location: _____	_____		
	Position Desired:	_____		
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, what hours can you work? _____	_____		
	Are you legally eligible for employment in the United States? _____	_____		
	Are you over 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, employment is subject to verification of age.	_____		
	Other Special training or skills (language, machine operation, etc.)	_____ _____		
	Home Telephone:	_____		
	Business Telephone	_____		
	Social Security #	_____		
	Pay Expected	_____		
	Will you work overtime if asked? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____		
	When will you be available to begin work?	_____		
	Are you related to anyone working here?	_____		

E D U C A T I O N	School	Name and Location of School	Course of Study	No of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Business/ Trade				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Elementary				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Membership in Professional or Civic Organizations
(Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT RECORD

Please give accurate, complete full-time and part-time employment record. Start with your present or most-recent employer

1	Company Name: _____	Telephone #: _____
	Address: _____	Employed From: _____ to _____
	Name of Supervisor: _____	_____
	Job Title and Description of Duties: _____	Weekly Pay: _____
	_____	Reason for Leaving: _____

2	Company Name: _____	Telephone #: _____
	Address: _____	Employed From: _____ to _____
	Name of Supervisor: _____	_____
	Job Title and Description of Duties: _____	Weekly Pay: _____
	_____	Reason for Leaving: _____

3	Company Name: _____	Telephone #: _____
	Address: _____	Employed From: _____ to _____
	Name of Supervisor: _____	_____
	Job Title and Description of Duties: _____	Weekly Pay: _____
	_____	Reason for Leaving: _____

4	Company Name: _____	Telephone #: _____
	Address: _____	Employed From: _____ to _____
	Name of Supervisor: _____	_____
	Job Title and Description of Duties: _____	Weekly Pay: _____
	_____	Reason for Leaving: _____

DO NOT CONTACT

We may contact the employers listed above unless you indicate those you do not want us to contact:

Employer Number(s) _____
Reason: _____

MILITARY

Did you serve in the Armed Forces? YES NO

If Yes, in what Branch? _____ Present Membership in National Guard or Reserves? _____

Describe any training received relevant to position for which you are applying.

REFERENCES

(Please give the names of three persons not related to you whom you have known at least one year.)

	Name	Phone #	Business/How Do you Know?	Years Acquainted
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

Have you ever been bonded? YES NO

If yes, with what employers? _____

Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? YES NO

If yes, describe: _____

In Case of Emergency, Notify:

Name: _____ Phone: (____) _____

I certify that all information submitted by me on this application is true and complete and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the Company's Rules and Regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at either my or the Company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Company. I understand that no company representative, other than it's President and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I hereby authorize the Company to investigate all statements contained herein and to check the references given above, and hereby release all parties from all liability for any damage that may result from furnishing the information to the Company.

I understand that if an offer of employment is made, I will be required to undergo and successfully pass a pre-employment drug screening and/or physical examination. I further understand that my acceptance of an offer for employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Date: _____

Signature: _____

Printed Name: _____