

Invitation to Identify for Affirmative Action Purposes

Our organization is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with Equal Opportunity principles.

Applicant Name: _____ Date: _____

Position Applied For: _____

PLEASE CHECK ONE: <input type="checkbox"/> Male <input type="checkbox"/> Female

PLEASE CHECK ONE: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino (if not Hispanic/Latino, please address race below)

INDICATE THE APPROPRIATE RACE GROUP(S) (Response not required if identified as Hispanic/Latino above):

- White Asian American Indian/Alaskan Native
 Black/African American Native Hawaiian/Other Pacific Islander

HOW WERE YOU REFERRED TO THIS JOB:

- | | |
|--|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> School/College |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> State Job Service |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Temporary Agency |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Walk In |
| <input type="checkbox"/> Recruiter | <input type="checkbox"/> Other (Please Specify): _____ |

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Application For Employment

(Please Print – Use Ink)

Personal	Social Security #:	Date:
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Name: _____

Last
First
Middle Initial

Address: _____ Telephone: _____

City State Zip Code

Position Applied For: _____

Salary Required: _____ Date Available: _____ Hours Available: _____

Shift Desired: 1st _____ 2nd _____ 3rd _____ Any _____ Are you willing to work overtime? Yes _____ No _____

Have you served in U.S. Military? Yes _____ No _____ Current Military Status: _____

Have you ever been convicted of a felony? Yes _____ No _____ (a conviction will not necessarily bar you from employment.)

Do you have the legal right to remain and work permanently in the U.S.? Yes _____ No _____

Education History	Name & Location	Degree
High School		
University/College		
Other		

List any scholastic or professional achievements you believe are significant:

Employment History (most current first)

Employer:	Job Title:
Address:	Duties:
Phone:	Reason for Leaving:
Employed From: _____ To: _____	Salary: _____

Employer:	Job Title:
Address:	Duties:
Phone:	Reason for Leaving:
Employed From: _____ To: _____	Salary: _____

Employment History (cont'd)

Employer:	Job Title:
Address:	Duties:
Phone:	Reason for Leaving:
Employed From: To:	Salary:

References

Name	Address	Telephone
1		
2		
3		

How or from whom were you referred to us? _____
 Have you ever applied for a job here? Yes____ No____ If yes, when? _____

Job Interests

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Describe any skills you have and what your long-range objective are: _____			

STATEMENT OF UNDERSTANDING

I understand the Company's need for complete and accurate information in making employment decisions, and I certify that the information I have provided is true and complete to the best of my knowledge. I understand that any false or misleading statements or omissions on my part will be cause for rejection or dismissal.

I authorize the Company to contact my references and former employers except as I have indicated otherwise on this application, and to investigate all statements I have made herein, and I release both the Company and all parties contacted from any liability related to such investigation.

I recognize that the Company's willingness to receive an application for employment does not necessarily mean there are any positions currently available and agree that such acceptance does not obligate the Company in any way.

If I am employed, I agree to abide by Company policies, rules and regulations. I also recognize that my employment unless otherwise specified is not for any fixed duration, that the Company reserves the right to make changes in my job from time to time, and that both the Company and I have the freedom to terminate the employment relationship at any time either wishes to do so.

An Equal Opportunity Employer

All employment offers are contingent on completing and passing a drug screen as established by the Company.

Signature: _____ **Date:** _____