

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or another legally protected status.

(PLEASE PRINT)

Position(s) applied for:	Date:
How did you hear about us?	

Last Name:	First Name:	Middle:		
Address:	Street:	City:	State:	Zip Code:
Telephone Number(s):		Social Security Number:		

If you are under 18 years of age, can you provide requires proof of eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date: _____

Have you ever been employed with us before? Yes No
If Yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date will you be available for work? Date: _____

Are you currently on "lay-off" status and subject to recall? Yes No

Have been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
HIGH SCHOOL				
COLLEGE				
OTHER (SPECIFY)				

Indicate the languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills, military training and extra-curricular activities:

Employment Experience

Please list your previous employment experience starting with your last or present job.

Employer:	Dates Employed From To	Work Performed
Address:		
Telephone Number(s):	Hourly Rate/Salary Starting Final	
Job Title: Supervisor:		
Reason for Leaving:		

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Address:		
Telephone Number(s):	Hourly Rate/Salary Starting Final	
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Address:		
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If you need additional space, please continue on an additional sheet of paper or on the back of this form.

