



PLEASE PRINT IN INK

NAME (LAST) (FIRST) (M.I.)			POSITION DESIRED
ALIASES / NICKNAMES / ANY OTHER NAMES USED DURING PAST 10 YEARS			SALARY/WAGE DESIRED
PRESENT U.S. ADDRESS (# & ST.) (CITY) (STATE) (ZIP CODE)			REFERRED BY
TELEPHONE (home): TELEPHONE (cell):	E-MAIL ADDRESS	SOCIAL SECURITY NO.	DATE AVAILABLE
ARE YOU AT LEAST 18 YEARS OF AGE? YES NO	ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES NO NOTE: DOCUMENTS WHICH ESTABLISH BOTH WORK AUTHORIZATION AND IDENTITY WILL BE REQUIRED PRIOR TO EMPLOYMENT.		
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THIS COMPANY OR IT'S AFFILIATES? IF SO, STATE LOCATION AND DATES			
DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THIS COMPANY OR ITS AFFILIATES? IF SO, STATE NAME, TITLE AND LOCATION			
HAVE YOU EVER BEEN CONVICTED UNDER ANY CRIMINAL LAW? YES NO IF YES, PLEASE EXPLAIN			
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		ADDRESS	TELEPHONE NO.

COMPLETE THIS SECTION ONLY IF APPLICABLE TO THE POSITION YOU SEEK

TYPING WPM	OTHER BUSINESS MACHINES, EQUIPMENT OR SKILLS
COMPUTER HARDWARE AND SOFTWARE	
DO YOU HAVE A CURRENT VALID DRIVER'S LICENSE? YES NO	
STATE:	LICENSE #
CLASSIFICATION:	EXPIRATION DATE:
HAVE YOU EVER BEEN CONVICTED OF A VEHICULAR MOVING VIOLATION, BEEN INVOLVED IN AN ACCIDENT, OR HAD A LICENSE SUSPENDED OR REVOKED? YES NO IF YES, PLEASE GIVE DETAILS:	
SHIFT AVAILABILITY: 1 st ___ 2 nd ___ 3 rd ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___	
FULL-TIME: ___ PART-TIME: ___ PER DIEM: ___ TEMPORARY: ___ PREFERRED SHIFT HOURS: 8 HOUR ___ 10 HOUR ___ 12 HOUR ___	
TRAVEL YES NO %	FOREIGN LANGUAGES - STATE DEGREE OF PROFICIENCY (READ/WRITE/SPEAK)

CIRCLE HIGHEST EDUCATION YEAR COMPLETED
 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4 GRADUATE: 1 2 3 4

HIGH SCHOOL (NAME & ADDRESS)

COLLEGES OR OTHER SCHOOLS NAME (CITY, STATE)	DATES ATTENDED		MAJOR SUBJECTS	DEGREE	ACADEMIC AVERAGE
	FROM	TO			
CERTIFICATIONS:					

REFERENCES

PLEASE PROVIDE THREE PROFESSIONAL REFERENCES

1) NAME _____

PHONE NUMBER (_____) _____

RELATIONSHIP TO YOU _____

2) NAME _____

PHONE NUMBER (_____) _____

RELATIONSHIP TO YOU _____

3) NAME _____

PHONE NUMBER (_____) _____

RELATIONSHIP TO YOU _____

GENDER AND ETHNIC GROUP IDENTIFICATION FORM

DETACH FROM APPLICATION AND HAND IN SEPARATELY

The federal government requires that an employer maintain records on the gender and ethnic group of its applicants. See Uniform Guidelines on Employee Selection Procedures, 29 C.F.R. /1 607 *et seq.*, 41 C.F.R./60-3.1 *et seq.* (178). In order to comply with these requirements the Company requests that you supply the information sought below. The information is for record keeping purposes only and will not in any way affect any employment decisions. This questionnaire will be kept separately from your application.

Name _____

Position applied for _____ Date _____

Work Location: _____

Gender (Circle appropriate answer) Male Female

RACE:

- | | |
|---|----------------------------------|
| White | American Indian or Alaska Native |
| Black or African American | Asian |
| Native Hawaiian or Other Pacific Islander | Two or more races |

ETHNIC GROUP (Circle appropriate ethnic group)

Hispanic or Latino Other: Please
specify _____

In conformity with applicable laws, the Company is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, sexual orientation, national origin, citizenship status, physical or mental disability or handicap, or status as a Vietnam Era or disabled veteran.

To assist us in assessing the value of our various recruitment efforts, we request also that you tell us how you learned about this job.

Recruitment Source	Check all	Please Identify
Friend (If employee - state name)		
Newspaper Ad		
Vacancy Board		
Employment Agency		
School		
Web site		
Other		