

Application For Employment

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 any other legally protected status.

(PLEASE PRINT)

Position (s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

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

Do you have a valid Nevada Driver's License? 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 able to work 48 hours per week (40 regular hours and 8 overtime hours?) Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

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

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

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

Can you travel if a job requires it? Yes No

Have you 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

Employment Experience

Start with your present or last job. Include any job-related military service assignments. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status. Complete this section even if you are submitting a resume.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number (s)		Hourly Rate/Salary		
			Starting	Final	
2.	Job Title	Supervisor			
	Reason For Leaving				
	Employer		Dates Employed		Work Performed
			From	To	
	Address				
Telephone Number (s)		Hourly Rate/Salary			
		Starting	Final		
3.	Job Title	Supervisor			
	Reason For Leaving				
	Employer		Dates Employed		Work Performed
			From	To	
	Address				
Telephone Number (s)		Hourly Rate/Salary			
		Starting	Final		
4.	Job Title	Supervisor			
	Reason For Leaving				
	Employer		Dates Employed		Work Performed
			From	To	
	Address				
Telephone Number (s)		Hourly Rate/Salary			
		Starting	Final		

If you need additional space, please continue on a separate sheet of paper.

References

1.	()
(Name)	(Phone #)
(Address)	
2.	()
(Name)	(Phone #)
(Address)	
3.	()
(Name)	(Phone #)
(Address)	

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Specialized Skills

Check Skills/Equipment Operated

Office Equipment	Computer Programs	Warehouse Equipment/Machine	Other (List):
_____ CRT	_____ Pagemaker	_____ Fork Lift	_____
_____ PC	_____ Table Editor	_____ Dye & Stripe	_____
_____ Calculator	_____ Microsoft Word	Machine	_____
_____ Typewriter	_____ Corel Draw	_____ Delivery Truck	_____
_____ Fax Machine	_____ WordPerfect		_____
_____ PBX Phone System	_____ Excel		_____

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Physical Requirements

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the physical requirements involved in such a job or occupation is attached. Yes No

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document, orally, or by conduct unless such change is specifically acknowledged in writing and signed by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand and acknowledge that all job offers are contingent upon the execution of an Employment Agreement between the company and myself. I also understand that I have the right to consult with my own counsel concerning the Employment Agreement.

Signature of Applicant

Date

Notes

FOR PERSONNEL DEPARTMENT USE ONLY

Interviewed Yes No

Remarks _____

Interviewer Date _____

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

Hired By _____
Name and Title Date