



EQUAL EMPLOYMENT OPPORTUNITY POLICY
 Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job related medical condition or handicap.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	Cell Phone		
Email Address			
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you over eighteen years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Highest Level of Education Completed			
Indicate languages you Speak:	Read:	Write:	
Do you have any physical condition that may limit your ability to perform the job for which you have applied??	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Does bending, kneeling, standing on your feet, or lifting cause you any difficulties?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Do you have reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of a crime other than minor traffic violations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain fully.
<small>A criminal conviction will not necessarily be a bar to employment. Any relevant factors such as age at the time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.</small>			

PREVIOUS EMPLOYMENT — (START WITH PRESENT OR LAST JOB)			
Company		Phone ()	
Address		Supervisor	
Job Title	From	To	Reason for Leaving
FOR OFFICE USE ONLY			
Company		Phone ()	
Address		Supervisor	
Job Title	From	To	Reason for Leaving
FOR OFFICE USE ONLY			

Company		Phone ()	
Address		Supervisor	
Job Title	From	To	Reason for Leaving
FOR OFFICE USE ONLY			
Company		Phone ()	
Address		Supervisor	
Job Title	From	To	Reason for Leaving
FOR OFFICE USE ONLY			

REFERENCES

Please list three persons other than relatives, or persons whose identity might reveal or suggest religious or ethnic affiliation.

Full Name	Phone ()
Company/ Affiliation	
Full Name	Phone ()
Company/ Affiliation	
Full Name	Phone ()
Company/ Affiliation	

DISCLAIMER AND SIGNATURE

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THE ATTACHED APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

Signature	Date
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