

EMPLOYMENT / JOB APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE: _____ DESIRED PAY: \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

REFERRAL SOURCE: Indeed Friend Employment Agency Walk-In Other _____

ARE YOU EMPLOYED NOW? YES NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

DO YOU HAVE DAILY TRANSPORTATION MEANS TO/FROM A VARIETY OF JOB LOCATIONS?
YES NO

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THIS POSITION WITH OR WITHOUT REASONABLE ACCOMODATION? YES NO*

*IF NO, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A **FELONY** FOR A DRUG, DUI/OVI, OR TRAFFIC OFFENSE? YES* NO

*IF YES, PLEASE EXPLAIN: _____

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EDUCATION LEVEL COMPLETED

HIGH SCHOOL: _____ **CITY / STATE:** _____

GRADUATE? YES NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

GRADUATE? YES NO **DEGREE:** _____

OTHER: _____ **CITY / STATE:** _____

DEGREE/CERTIFICATION: _____

OTHER CERTIFICATIONS/TRAINING:

___ CDL-A ___ TANKER ENDORSEMENT

___ OSHA 10 ___ OSHA 30 ___ CPR

___ TRENCH SAFETY ___ CONFINED SPACE TRAINING

OTHER _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

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APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

As employers/government contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting, and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept confidential. Your cooperation is voluntary.

Date _____

Position(s) Applied for: _____

Last Name _____ First Name _____ Middle Name _____

Address _____

City _____ State _____ ZIP _____

Government agencies, at times, require periodic reports on the sex, ethnicity, disabled, veteran, and other protected status of applicants. This data is for analysis and possible affirmative action only, submission of information is voluntary.

Male _____ Female _____

Race/Ethnic Group:

White _____ Black _____ Hispanic _____ American Indian _____ Asian/Pacific Islander _____

Check if any of the following apply:

Vietnam Era Veteran _____ Disabled Veteran _____ Disabled Individual _____
Disability _____

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES

Government contractors are subject to 38USC2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

_____ Disabled Individual _____ Disabled Veteran _____ Vietnam Era Veteran
Disability _____

Signed _____

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