

rehabilitation will be taken into account. (Do not include minor traffic citations, and arrests of convictions which have been sealed or expunged in answering this question.) This information will only be used if job related and consistent with business necessity.

Are you able to satisfactorily perform the essential job duties required of the position for which you are applying, either with or without a reasonable accommodation? yes no

If you answered no, what reasonable accommodation do you require? _____

Position Desired _____ Date you can start _____ Salary Desired _____

Which do you prefer?..... full-time part-time during the following days/ hours _____

Are you employed now?..... yes no If yes, may we contact your current employer?.... yes no

Have you ever applied to or worked for this company before?..... yes no If yes, specify dates _____

Education	Name of School	City & State	# years Completed	Did you Graduate?	Degree(s) Earned
High School					
College					
Graduate					

Have you served in the United States Armed Forces?..... yes no

Branch _____ Final Rank _____ Honorable Discharge?..... yes no

Additional training, skill, experience, and special achievements relevant to desired position:

List present and past employers beginning with the most recent.
Attach additional sheets as needed.

Month/ Year	Name & Address of Employer	Initial Position & Duties	Previous Supervisor	Starting Pay	Reason for Leaving
		Final Position & Duties	Telephone Number	Ending Pay	
From					
To					
From					
To					
From					
To					

Have you ever been terminated or asked to resign from any job?.... yes no

If yes, explain the circumstances:

Please explain fully any gaps in your employment history:

How many days of work have you missed in the last 3 years due to reasons other than paid holidays, vacation, & approved absence due to the Family Medical Leave Act? 0-10 days 11-30 days 30+ days

Do you have adequate transportation to and from work?..... yes no

Do you have any friends or relatives that work for the company?..... yes no

If yes, who? _____

List three personal references who know you well but who are not previous employers or relatives.

Name	Address	Phone Number

This application will be considered active for a maximum of (30) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

X _____
Signature of Applicant

Print Name

Date