



Employment Application

We consider applicants for all positions on the basis of qualifications and without regard to race, color, creed, gender (including gender identity and gender expression), sex, sexual orientation, religion, marital status, registered domestic partner status, uniform service member status, age, national origin, ancestry, citizenship status, physical or mental disability, pregnancy, medical condition, genetic information, or any other consideration made unlawful by federal, state, or local laws.

PLEASE PRINT

Complete entire application. Incomplete or illegible applications may be subject to rejection.

First Name	Middle Name	Last Name	Application Date
Address			
Cell Phone	Home Phone	Email Address	
Position(s) Applied For			

How did you learn about the company/opening?

- ALADS Website
 Recruiting Firm
 Current Employee: _____
 Other Advertisement
 Walk In
 Other: _____

What hours are you available to work?

- Regular Full Time Hours
 Regular Part Time Hours
 Temporary Hours
 Available Start Date: _____

Have you ever been employed with the company before?
 Yes
 No
 If yes, give dates: _____

Are you currently employed?
 Yes
 No

May we contact your current employer?
 Yes
 No

Are you legally qualified to work in the United States?
 (Under federal law, we must require proof of your identity and employment authorization upon employment.)
 Yes
 No

EDUCATION

	Elementary School	High School	Technical School	College	Other
School Name & Location					
Years Completed	4 5 6 7 8	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma / Degree		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Major Course(s) of Study					

Summarize special skills and training not listed above:
Describe honors received:
List professional, trade, business, or civil activities and offices held. You may exclude memberships which may reveal sex, race, religion, national origin, age, or disability or any other protected status:

REFERENCES

List current contact information for three business references who are not related to you.

Name			
Title/Position			
Company			
Address			
Phone			

EMPLOYMENT EXPERIENCE

Complete all information below (even if you are attaching a resume), starting with your present or most recent position.

Employer Name & Address		From: ____/____/____ To: ____/____/____ Month Year Month Year	
Job Title	Supervisor's Name & Title	Supervisor's Phone Number	
Work Performed			
Reason for Leaving			

Employer Name & Address		From: ____/____/____ To: ____/____/____ Month Year Month Year	
Job Title	Supervisor's Name & Title	Supervisor's Phone Number	
Work Performed			
Reason for Leaving			

Employer Name & Address		From: ____/____/____ Month Year	To: ____/____/____ Month Year
Job Title	Supervisor's Name & Title	Supervisor's Phone Number	
Work Performed			
Reason for Leaving			

Employer Name & Address		From: ____/____/____ Month Year	To: ____/____/____ Month Year
Job Title	Supervisor's Name & Title	Supervisor's Phone Number	
Work Performed			
Reason for Leaving			

Employer Name & Address		From: ____/____/____ Month Year	To: ____/____/____ Month Year
Job Title	Supervisor's Name & Title	Supervisor's Phone Number	
Work Performed			
Reason for Leaving			

Employer Name & Address		From: ____/____/____ Month Year	To: ____/____/____ Month Year
Job Title	Supervisor's Name & Title	Supervisor's Phone Number	
Work Performed			
Reason for Leaving			

Summarize any special job related skills and qualifications acquired from employment or other experience:

Microsoft Office Proficiency	Basic	Intermediate	Advanced	Typing WPM _____
Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Have you ever had any job related training in the United States military? Yes No If yes, give dates: _____

Are you able to perform the essential functions of the job for which you are applying? Yes No

If "no", what are some reasonable accommodations that would allow you to perform the essential functions of the job for which you are applying?

State any additional information you feel may be helpful to us in considering your application:

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, 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 documentation or by conduct unless such change is specifically acknowledged in writing 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.

Signature of Applicant

Date