



EMPLOYMENT APPLICATION

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or any medical condition or disability not related to the job for which applied.

PLEASE PRINT

Date: _____ Position applied for: _____

Referral source: _____ Newspaper Ad _____ Employment Agency

Other: _____
(please explain)

Name:	_____	_____	_____	_____
	Last	First	Middle	
Address:	_____	_____	_____	_____
	Street	City	State	Zip
Telephone:	_____	Social Security #:	_____	_____

Are you over the age of 18? Yes No If No, employment is subject to verification that you are of minimum legal age.

Are you employed now? _____ May we contact your present employer? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____

NOTE: Proof of citizenship or immigration status will be required upon employment.

On what date will you be available to work? _____

Are you available to work: _____ Full-time _____ Part-time _____ Shift Work _____ Temporary

Are you on a layoff and subject to recall? _____

Have you been convicted of a felony within the last 7 years? _____
(Conviction will not necessarily disqualify applicant from employment.)

If you answered yes, please explain: _____

Summarize special skills and qualifications acquired from employment or other experiences that could be relevant to your ability to perform the job applied for:

Provide the names, addresses, and telephone numbers for three references. Do not list relatives or previous employers:

APPLICANT NOTICE AND ACKNOWLEDGMENT

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application.

If you are required to take any pre-employment screening tests, and you require an accommodation because of a physical or mental disability to enable you to take or successfully complete such a test, please make that fact known in advance to the test administrator.

If an offer of employment is made and, because of a physical or mental disability, you will need an accommodation to perform any essential job function, please make that fact known to the individual processing your application.

If an offer of employment is made, I agree to submit to a medical examination, including a drug test, and understand that my subsequent employment will be contingent on the results of the medical examination and drug test.

I understand that the examining physician may ask questions regarding my current health condition, health history, health insurance claim and workers' compensation claim history and that all such information will be retained in confidential medical files, to be released only in accordance with federal and state law.

I also understand that falsification of any such information that I furnish could result in termination of my employment, if hired.

Signature

Date

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any military service assignments and volunteer activities. You may exclude names of organizations that indicate race, color, religion, sex, or national origin.

EMPLOYER: _____	DATES EMPLOYED: FROM: _____ TO: _____	JOB TITLE: _____
ADDRESS: _____ _____	HOURLY PAY/SALARY: START: _____ FINAL: _____	DUTIES PERFORMED: _____ _____ _____
TELEPHONE: _____	REASON FOR LEAVING: _____ _____	_____ _____
SUPERVISOR: _____	_____ _____	_____ _____

EMPLOYER: _____	DATES EMPLOYED: FROM: _____ TO: _____	JOB TITLE: _____
ADDRESS: _____ _____	HOURLY PAY/SALARY: START: _____ FINAL: _____	DUTIES PERFORMED: _____ _____ _____
TELEPHONE: _____	REASON FOR LEAVING: _____ _____	_____ _____
SUPERVISOR: _____	_____ _____	_____ _____

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ADDRESS: _____ _____	HOURLY PAY/SALARY: START: _____ FINAL: _____	DUTIES PERFORMED: _____ _____ _____
TELEPHONE: _____	REASON FOR LEAVING: _____ _____	_____ _____
SUPERVISOR: _____	_____ _____	_____ _____

Do you currently receive pay from any other source? Yes No
(Do not disclose alimony or child support payments.)

If you answered yes, please explain: _____

EDUCATION/TRAINING

Circle last grade completed or code for last degree received 1 2 3 4 5 6 7 8 9 10 11 12 (High School)
 13 14 (Technical/Vocational School) 15 (College Freshman) 16 (College Sophomore)
 17 (College Junior) 18 (Bachelor's Degree) 19 (Master's Degree) 20 (Ph.D.)

Are you currently attending school? Yes No If yes, estimated graduation date?

COLLEGE INFORMATION	HIGH SCHOOL INFORMATION
Undergraduate College/ University Attended:	Name of School Attended:
Undergraduate Major:	Location: Major Courses Taken:
Type of Degree Received:	Diploma Received: Yes <input type="checkbox"/> No <input type="checkbox"/>
APPRENTICE, BUSINESS, TECHNICAL OR VOCATIONAL SCHOOL	
Graduate College/ University Attended:	Name of School Attended:
Graduate Major Field:	Location: Major Field of Study:
Type of Degree Received:	Diploma/Certificate Received: Yes <input type="checkbox"/> No <input type="checkbox"/>
Honors Received:	
List Any Specialized Training, Apprenticeship, Skills, and Extracurricular Activities:	

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements and I authorize past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between APD and myself for either employment or for the providing of any such promise or guarantee is binding upon APD unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that APD retains the same right.

I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies procedures, in whole or in part, at any time.

I understand that this application is for the specific job applied for and I would have to reapply for any future opportunities that could become available.

Signature of Applicant

Date

TO BE COMPLETED BY APD PERSONNEL	
Position applied for: _____	Department: _____
Was position applied for available on date application filed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was this applicant hired? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hourly Rate/Salary: _____
Date of Employment: _____	Department: _____
Job Title: _____	Full-time _____ Part-time _____
By: _____ Title: _____	Date: _____