AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

**EMPLOYMENT APPLICATION**

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|  | | | | | | | | | | Date of Application: | | | | | | |  | | | | |
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| Position(s) Applied For: | | |  | | | | | | | | | | | | | | | | | | |
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| How did you hear about EOP? | | | | | | | |  | Advertisement | | | |  | | Friend | | |  |  | | Relative | |
|  | |  | |  | | |  | | |  | | | |  | | | | | |  | |
|  | Referred by EOP Staff Memeber | | | |  | Employment Agency | | | | |  | Other | | | |  | | | | | |

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| Name: | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | LAST | | | | | | | | | | | | FIRST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | MIDDLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | NUMBER | | | | STREET | | | |  | | | |  | | | | | | | | | | | | | | |  | | | | | | CITY | | | | | | | | | | | | | |  | | | | | STATE | | | | | | | | | | | | | | ZIP | | | | | | | | | |
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| Home Phone: | | | | |  | | | | | | | | | | | | | | | | | | Mobile Phone: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Do you have a valid driver’s license? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | | |  | | | | | | | | No | | | | | | | | | | | | | | | | |
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| If employed and you are under 18, can you furnish a work permit? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | | | | |  | | | | | | | | No | | | | | | | | | | | | | | | | |
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| Have you filed an application here before? | | | | | | | | | | | | | | | | | |  | | | | | Yes | | | | | |  | No | | | | | | If yes, what date? | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| Have you been employed here before? | | | | | | | | | | | | | | | | | |  | | | | | Yes | | | | | |  | No | | | | | | If yes, what date? | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| Are you currently employed? | | | | | | | | | | | |  | Yes | |  | | No | | | | | | | | | May we contact your employer? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Yes | | |  | | No | | | | | |
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| Are you prevented from lawful employment in this country because of Visa or Immigration status? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Yes | | | |  | No | | | Proof of citizenship or immigration status may be required upon employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |  | |  | | | |
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| On what date would you be available for work? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are you available to work | | | | | | | | | | | |  | Full Time | | | | | | | | | |  | | | Part Time | | | | | | | | | | | | |  | | | | | Shift Work | | | | | | | | | | | | | |  | | | | | | | Temporary | | | | | | | | | | | | |
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| Can you travel if a job requires it? | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | | | | | | | | | | |  | | | | | No | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
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| Have you been convicted of a felony in the last 7 years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Yes | | | | | | | | | | | | | |  | | | | | | | No | | | | | | | | | | | | |
| (Conviction does not necessarily disqualify you from employment) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | |
| If yes, please explain: | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | |
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**Employment Experience**

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

Please do not write your “See Resume.” If you need additional space, please continue on a separate sheet of paper.

**1**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: | Telephone # | Dates Employed | Work Performed |
| From |  |
| Address: | |  |
| Job Title: | | Dates Employed |
| To |
| Supervisor: | |  |
| Reason for leaving: | | | |

**2**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: | Telephone # | Dates Employed | Work Performed |
| From |  |
| Address: | |  |
| Job Title: | | Dates Employed |
| To |
| Supervisor: | |  |
| Reason for leaving: | | | |

**3**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: | Telephone # | Dates Employed | Work Performed |
| From |  |
| Address: | |  |
| Job Title: | | Dates Employed |
| To |
| Supervisor: | |  |
| Reason for leaving: | | | |

**4**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: | Telephone # | Dates Employed | Work Performed |
| From |  |
| Address: | |  |
| Job Title: | | Dates Employed |
| To |
| Supervisor: | |  |
| Reason for leaving: | | | |

**5**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: | Telephone # | Dates Employed | Work Performed |
| From |  |
| Address: | |  |
| Job Title: | | Dates Employed |
| To |
| Supervisor: | |  |
| Reason for leaving: | | | |

**Education**

Please do not write “See Resume”

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Elementary | High | College/University | Graduate/Professional |
| School Name: |  |  |  |  |
| How many years were completed? |  |  |  |  |
| Diploma/Degree: |  |  |  |  |
| Course of Study |  |  |  |

**Special Skills and Qualifications/Certifications/Affiliations**

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

|  |
| --- |
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|  |
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|  |  |  |  |
| --- | --- | --- | --- |
|  | Advanced | Moderate | Beginner |
| Microsoft Word |  |  |  |
| Excel |  |  |  |
| Outlook |  |  |  |

**Professional References**

Name three people, **other than friends or relatives**, who have known you for an extensive period of time and/or have had experience in observing/working with you, who can provide testimony pertaining to ethical character and, if appropriate, professional competence.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name | Address/Telephone | Relationship |
|  |  |  |
| Name | Address/Telephone | Relationship |
|  |  |  |
| Name | Address/Telephone | Relationship |

**Applicant Data Record**

**Please read carefully before signing.**

EOP is an equal opportunity employer. EOP does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither completion of this application nor any other part of my consideration for employment establishes any obligation for EOP to hire me. If I am hired, I understand that either EOP or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of EOP has the authority to make any assurance of the contrary.

I attest with my signature below that I have given to EOP true and complete information on this application. No requested information has been concealed. I authorize EOP to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signature: |  |

**Affirmative Action Survey**

Government agencies require periodic reports on the sex, ethnicity, handicapped, and veteran status of applicants.

This data is for analysis and affirmative action only. Submission of information is voluntary.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Check one:** | | |  | | |  | Male | | | |  | Female | | | | |  |  | |
|  |  | | |  | | |  | | |  | |  | | | | |  |  | |
| **Check one of the following – Race/Ethnic Group:** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  |  | White | |  | Black | | | |  | Hispanic | | | |  | | Asian | | |
|  |  |  | |  |  | | | |  |  | | | |  | | |  | | |
|  |  | American Indian/Alaskan Native | | | | | | |  | Native Hawaiian/Other Pacific Islander | | | | | | | | | |
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| **Check if any of the following are applicable:** | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | |  | | |  | |  | | | | |  |  | |
|  |  | Vietnam Era Veteran | | | | |  | Disabled Veteran | | | | |  | | Handicapped Individual | | | | |

**SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS.**

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance employment qualified disabled veterans and veterans of the Vietnam Era, 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 handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Handicapped Individual |  | Disabled Veteran |  | Vietnam Era Veteran |

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| Signed: |  | |
|  |  | |
| Date: |  |  |