



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position Applied for: _____ Date : _____

Full Name: _____
Last First M.I. Maiden

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

Referral Source Advertisement Employment Government Employment Agency
 Walk In Private Employment Agency Other _____
Name of source if applicable: _____

If necessary, best time to call you at home is: _____

May we contact you at work? _____

If yes, work number and best time to call: _____
Phone Number Best time to call

Have you submitted an application here before? _____

If yes, give date(s) and position(s) _____
Date(s) Position(s)

Have you ever been employed here before? _____

If yes, give dates _____
From To

Date available for work: _____ What is your desired salary range? _____

Type of employment desired: _____
(Full-time, Part-time, Temporary, Seasonal, Educational Co-Op)

Willing to relocate if job requires it? _____ Will you travel if job requires it? _____

Will you work overtime? _____ If no, please explain: _____

Have you ever been bonded? _____ Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

IF YOU ARE AGE 18 OR YOUNGER, DOCUMENTATION ESTABLISHING YOUR ELIGIBILITY TO WORK AS REQUIRED BY FEDERAL AND/OR STATE LAW IN CERTAIN OCCUPATIONS MAY BE REQUIRED AT HIRE.- FEDERAL AND/OR STATE LAW MAY RESTRICT MINORS FROM FILLING CERTAIN OCCUPATIONS.

ONLY THOSE WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. IF HIRED YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES PER I-9/USCIS REQUIREMENTS.

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary.) Explain any gaps in employment in comments section below.

Employer:	Telephone #:	Dates employed	From:	To:
Address:		Immediate supervisor and title:		
Starting job title	Final job title	Reason for leaving:		
Hourly rate/salary starting:	Hourly rate/salary final:	May we contact for reference? (yes, no, later)		
Summarize the type of work performed and job responsibilities				

Employer:	Telephone #:	Dates employed	From:	To:
Address:		Immediate supervisor and title:		
Starting job title	Final job title	Reason for leaving:		
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Summarize the type of work performed and job responsibilities				

Comments: (Including explanation of any gaps in employment)

Skills and Qualifications

Summarize any special training, skills and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

A. List last three schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade point average. E. Major field of study. F. Minor field of study (if applicable).

School	Years completed	Degree/Diploma	GPA/Rank	Major	Minor

References

List names and telephone numbers of three business/work references who are NOT related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name:	Telephone:	Number of years known:

Additional Information

List professional, trade, business or civic associates and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you would like us to consider.

COMMERCIAL DRIVER'S LICENSE APPLICANTS ONLY

Complete this page only if you have a commercial driver's license

Driver Experience & Qualifications

Licenses

	State	License No.	Class	Endorsement(s)	Expiration Date
Driver's License held in past 3 years must be shown					

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

B. Has any license, permit or privilege ever been suspended or revoked? _____

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? _____

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				

List states operated in during last five years: _____

List special courses or training that will help you as a driver: _____

List driving awards held and who awards were presented by: _____

Accident Review for the past 3 years (attach separate page if additional space is needed)

Date	Nature of accident	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

Employment Record

The U.S. Department of Transportation requires that driver applications show all employment for the past 3 years. They must also show commercial driver employment for the seven years immediately preceding this three year period.

Start with last or current position, including military experience, and work back. (Attach a separate sheet if necessary.)

Employer: _____ Supervisor's Name: _____

Full Address: _____ Zip: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Employer: _____ Supervisor's Name: _____

Full Address: _____ Zip: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Employer: _____ Supervisor's Name: _____

Full Address: _____ Zip: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Driver Experience & Qualification

Answer the questions in this section only if applying for driver position

Date of Birth: _____ Social Security Number: _____

Month/Day/Year

The US Department of Transportation requires that driver applicants state their date of birth

Applicant Statement and Signature

I certify that all information I have provided in order to apply for secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (II) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employers or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I understand that the company and/or its designated agents will adhere to applicable state and federal statutes concerning the securing of the information, handling and release of information obtained.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time with or without cause, and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause or without prior notice, except as may be required by law. This application is not an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: _____

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



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IF YOU HAVE THE RIGHT TO WORK



Don't let anyone take it away.

There are laws to protect you from discrimination in the workplace.

You should know that...

In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.

Employers cannot reject documents because they have a future expiration date.

Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.

In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

Contact IER

For assistance in your own language
Phone: 1-800-255-7688
TTY: 1-800-237-2515

Email us
IER@usdoj.gov

Or write to
U.S. Department of Justice – CRT
Immigrant and Employee Rights – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

If any of these things happen to you, contact the Immigrant and Employee Rights Section (IER).



— DEPARTMENT OF JUSTICE —
IMMIGRANT & EMPLOYEE RIGHTS SECTION
— CIVIL RIGHTS DIVISION —

Immigrant and Employee Rights Section

U.S. Department of Justice, Civil Rights Division

www.justice.gov/ier

SI USTED TIENE DERECHO A TRABAJAR



No deje que nadie se lo quite.

Existen leyes que lo protegen contra la discriminación en el trabajo.

Usted debe saber que...

En la mayoría de los casos, los empleadores no pueden negarle un empleo o despedirlo debido a su nacionalidad de origen o estatus de ciudadanía, ni tampoco negarse a aceptar sus documentos válidos y legales.

Los empleadores no pueden rechazar documentos porque tengan una fecha de vencimiento futura.

Los empleadores no pueden despedirlo debido a E-Verify sin darle una oportunidad de resolver el problema

En la mayoría de los casos, los empleadores no pueden exigir que usted sea ciudadano estadounidense o residente legal permanente.

Comuníquese con la IER

Para ayuda en su propio idioma:
Teléfono: 1-800-255-7688
TTY: 1-800-237-2515

Mándenos un correo:
IER@usdoj.gov

O escribanos a:
U.S. Department of Justice – CRT
Immigrant and Employee Rights – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

Si alguna de estas cosas le ha sucedido, comuníquese con la Sección de Derechos de Inmigrantes y Empleados (IER, por sus siglas en inglés)



DEPARTAMENTO DE JUSTICIA DE LOS EE. UU.
SECCIÓN DE DERECHOS DE INMIGRANTES Y EMPLEADOS
DIVISIÓN DE DERECHOS CIVILES

Sección de Derechos de Inmigrantes y Empleados
Departamento de Justicia de los EE. UU., División de Derechos Civiles

www.justice.gov/ier
www.justice.gov/crt-about/espanol/ier