



BLIND APPEAL APPLICATION FOR EMPLOYMENT:

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all questions on this application. You may attach a resume, but all questions must be answered.

PERSONAL DATA:

Name (Last, first) _____

Street Address and/or Mailing Address _____

Home Telephone Number _____ Email Address: _____

Cell Phone Number _____

Date you can start work _____

Salary Desired _____

Do you have a high school diploma or GED? Yes _ No _____

POSITION INFORMATION:

Are you authorized to work in the U.S. on an unrestricted basis? Yes _____ No _____

Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment).

Yes _____ No _____

QUALIFICATIONS: Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

	School Name	Degree	Address/City/State
School			
School			

SPECIAL SKILLS: List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc)

REFERENCES: Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.

Name	Address/City/State	Phone	Relationship

WORK HISTORY:

Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
Duties:		
Reason for Leaving:		
Starting Salary :		Ending Salary:

Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
Duties:		
Reason for Leaving:		
Starting Salary :		Ending Salary:

Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
Duties:		
Reason for Leaving:		
Starting Salary :		Ending Salary:

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date