



1274 Maxwell Avenue • Evansville, IN 47711

Phone: (812) 429-1122 • Fax: (812) 424-1605

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, origin, age, disability, martial or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) applied for:	Date of application:	
How did you learn about us?		
☐ Advertisement	☐ Friend	☐ Inquiry
☐ Employment Agency	☐ Relative	☐ Other _____

Last Name	First Name	Middle Name	
Address		City	State Zip Code
		-	-
Phone Number (s)		Social Security Number	

Best time to contact you is: _____ : _____	
If you are under 18 years of age, can you provide required proof of your eligibility to work?	☐ Yes ☐ No
Have you ever filed an application with us before? If yes give date _____	☐ Yes ☐ No
Do any of your friends or relatives, other than spouse work here? If so who _____	☐ Yes ☐ No
Are you currently employed? _____	☐ Yes ☐ No
May we contact your present employer?	☐ Yes ☐ No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>(Proof of citizenship or immigration status will be required upon employment)</i>	☐ Yes ☐ No
Date available for work: _____ / _____ / _____	What is your desired salary range? _____
Are you available to work:	☐ Full Time
	☐ Part Time Please indicate: ☐ Mornings ☐ Afternoons
	☐ Temporary
Are you currently on "lay-off" status and subject to recall?	☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number (s)		
Start/Present Job Title	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving	May We Contact?	☐ Yes ☐ No
Employer	Dates Employed From To	Work Performed
Address		
Telephone Number (s)		
Start/Present Job Title	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving	May We Contact?	☐ Yes ☐ No
Employer	Dates Employed From To	Work Performed
Address		
Telephone Number (s)		
Start/Present Job Title	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving	May We Contact?	☐ Yes ☐ No

Comments: Included explanation of any gaps in employment.

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Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military

List professional, trade, business or civic activities and offices held

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status

ADDITIONAL INFORMATION:

Other qualifications- summarize special job-related skills and qualifications acquired from employment or other experience

SPECIALIZED SKILLS (Skills/Equipment Operated)

_____ Terminal	_____ Spreadsheet	_____ Copier
_____ PC/MAC	_____ Word Processing	_____ Other _____
_____ Typewriter	_____ WPM	

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given ☐ Yes ☐ No

PERSONAL/PROFESSIONAL REFERENCES (Do not include family members or past supervisors).

Name	Phone Number	Best time to call	Occupation
1.)			
2.)			
3.)			

ADDITIONAL QUESTIONS

Have you ever been convicted of a felony?

☐ Yes ☐ No

Do you have a clean driving record?

☐ Yes ☐ No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also give permission to secure any information relevant to any background record, criminal record or driving record.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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