



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Position(s) applying for:			Date of Application:	
How did you learn about us?				
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____				
Last Name:		First Name:		Middle Initial:
Address:		City:		State: Zip:
Telephone Number(s):			Social Security Number:	
On what date would you be available for work? _____				
Are you available for work: Full time <input type="checkbox"/> Part time <input type="checkbox"/> Shift work <input type="checkbox"/> Temporary <input type="checkbox"/>				
If you are under 18 years of age, can you provide required proof of your eligibility to work? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever filed an application with us before?				YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, give date _____				
Have you ever been employed with us before?				YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, give date _____				
Are you currently employed?				YES <input type="checkbox"/> NO <input type="checkbox"/>
May we contact your present employer?				YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?				YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>Proof of citizenship or immigration will be required upon employment.</i>				
Are you currently on "lay-off" status and subject to recall?				YES <input type="checkbox"/> NO <input type="checkbox"/>
Can you travel if a job requires it?				YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you been convicted of a felony within the last 7 years?				YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>(Conviction will not necessarily disqualify an applicant from employment.)</i>				
If YES, please explain:				

WE ARE AN EQUAL OPPORTUNITY EMPLOYER EMPLOYMENT EXPERIENCE

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

1			
Employer:	Dates Employed: From: _____ To: _____	Hourly Rate/Salary: Starting: _____ Final: _____	
Address:			
Telephone Number(s):	Work Performed:		
Job Title:			
Reason for Leaving:			
2			
Employer:	Dates Employed: From: _____ To: _____	Hourly Rate/Salary: Starting: _____ Final: _____	
Address:			
Telephone Number(s):	Work Performed:		
Job Title:			
Reason for Leaving:			
3			
Employer:	Dates Employed: From: _____ To: _____	Hourly Rate/Salary: Starting: _____ Final: _____	
Address:			
Telephone Number(s):	Work Performed:		
Job Title:			
Reason for Leaving:			
4			
Employer:	Dates Employed: From: _____ To: _____	Hourly Rate/Salary: Starting: _____ Final: _____	

Address:		
Telephone Number(s):	Work Performed:	
Job Title:		
Reason for Leaving:		

If you need additional space, please continue on a separate sheet of paper.

REFERENCES

Please supply the names, addresses, and phone numbers of three (3) personal references. These references can not be relatives.

1. NAME: _____

ADDRESS: _____

PHONE #: _____

2. NAME: _____

ADDRESS: _____

PHONE #: _____

3. NAME: _____

ADDRESS: _____

PHONE #: _____

RECORD OF EDUCATION:

School	Name and Address	Course of Study	Last Year Completed	Did You Graduate?	List Diploma Or Degree
Elementary			1 2 3 4 5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade / Vocational			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Indicate any foreign languages you can speak, read, and/or write:

	Fair	Good	Fluent
Speak			
Read			
Write			

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

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.

MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces? Yes No Dates of duty _____ to _____

Branch _____ Applicable skills acquired _____

Please list below any additional information (such as special honors, skills, and/or qualifications) that may be helpful to us in considering your application:

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and 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. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon you.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time. The employer reserves and retains the right to make changes in terms and conditions of my employment as the employer determines to be appropriate.

I understand that this application will be kept on file for 30 days from the date completed, after which time I would have to reapply in accordance with established company procedures.

I understand that if employed with Alba Manufacturing, Inc., it is "at will" which means that my employment can be terminated with or without cause, and with or without notice, at any time, at the option of either Alba Manufacturing Inc. or myself, except as otherwise provided by law.

Applicant's Signature _____ **Date** _____