



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

(PLEASE PRINT)

Position(s) Applied For				Date of Application	
Last Name	First Name	Middle Initial	Maiden Name		
Address: Number	Street	City	State	Zip Code	
Telephone Number(s)			Social Security Number		

Have you ever been employed with us before? Yes No If Yes, give date _____

How did you learn about us? _____

Do you have any relatives employed by NARMC? Yes No If Yes, give name(s) _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

Are you available to work: Full Time Part Time Temporary Shift Work What hours are you available for work? _____

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Additional Information Specialized Skill Check Skills / Equipment Operator

CRT PC Spreadsheet Calculator PBX System Typewriter

Wordprocessor Can you speak, read and/or write any foreign languages? _____

Education

High School	Dates Attended		Course of Study / Diploma Degree
Address	From	To	
Undergraduate College	Dates Attended		Course of Study / Diploma Degree
Address	From	To	
Graduate Professional	Dates Attended		Course of Study / Diploma Degree
Address	From	To	
Other (Specify)	Dates Attended		Course of Study / Diploma Degree
Address	From	To	

References

1. _____ (Name) _____ (Address) _____ Phone #

2. _____ (Name) _____ (Address) _____ Phone #

Professional Licenses, Registrations and / or Certifications: _____

Employment 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, handicap or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			Reason for Leaving
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			Reason for Leaving
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			Reason for Leaving

Are you presently employed? Yes No – May we contact your present employer for a reference? Yes No
 May we contact your former employers for a reference? Yes No

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

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

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

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.

This application for employment shall be considered active for a period of time not to exceed 90 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is "at will", which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Chief Executive Officer of this organization.

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 release and regulations of the employer.

Signature of Applicant

Date

For Personnel Office Use Only

Date

Interviewer

Position
