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

Application for Employment



1201 N Townline Rd LaGrange, Indiana 46761

(PLEASE PRINT) Date of Application: Positions Applied for: How did you learn about us? __Friend __Walk-In __Advertisement Employment Agency Relative Other Last Name First Name Middle Name Street Address City State Zip Code Telephone Number(s) Social Security Number Driver's License number (If applicable to position for which you are applying) If you are under 18 years of age, can you provide required Yes No proof of your eligibility to work? Have you ever filed an application with us before? __Yes ___No If yes, give date Have you ever been employed with us before? ____Yes ___No If yes, give date Because of Federal & State laws that we work with, we need to know if you have been convicted of theft or a felony of any kind. Yes No If yes, give date 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 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 ___Shift Work ___Temporary Work Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if work requires it?

Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

	Name and Address of School	Course of Study	Years completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				
	Indicate any EOPEIG	N languages you can s	speak, read and/or write.	1
	Fluent	Good	Fair	
Speak				
Read				
Write				
Describe any special	ized training, apprentice	ship, and skills that ma	y be job related.	
Describe any job rela	ted training received in t	he United States Milita	ırv.	
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EMPLOYMENT HISTORY

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.

rotected status.		
<u>Employer</u>	Dates Employed:	Work Performed
	From To	
Address	Hourly Rate/Salary	
	StartingFinal	
	<u> </u>	
Telephone Number	Job Title	Reason for leaving
•		
	Supervisor	_
<u>Employer</u>	Dates Employed:	Work Performed
	From To	
Address	Hourly Rate/Salary	
	StartingFinal	
Telephone Number	Job Title	Reason for leaving
	Supervisor	_
<u>Employer</u>	Dates Employed:	Work Performed
	From To	
Address	Hourly Rate/Salary	
	StartingFinal	
Telephone Number	Job Title	Reason for leaving
	Supervisor	_
<u>Employer</u>	Dates Employed:	Work Performed
	From To	
Address	Hourly Rate/Salary	
	StartingFinal	
Telephone Number	Job Title	Reason for leaving
	Supervisor	

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

List professional, trade, business or civic activities and offices held. You may exclude membership which reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:							

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. 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 45 days. Any applicant wishing to be considered active for a period of time 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 of an "at will" nature, 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 an authorized executive of this organization. In the even 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 FOR PERSONNEL DEPARTMENT USE ONLY Arrange Interview Yes Remarks:_ Interviewer_ Date_ _____Yes ____No Date of Employment_____ Employed _____ Hourly Rate/Salary___ _____Department__ Job Title_ NAME AND TITLE DATE NOTES: