



Application for Employment

TO APPLICANT: We greatly appreciate your interest in our organization. Thank you for taking the time to complete this application. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, gender, gender identity, or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discriminated based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. This list, however, is not exhaustive of the grounds on which discrimination is prohibited.

Personal Information

Applicant Name _____ Home Phone Number () _____

Current Address _____ Best Time to call home _____

City, State, Zip _____ Cell Phone Number () _____

Social Security Number _____ Best time to call Cell _____

Email Address _____ Position Desired _____

Expected Salary Range _____ Date Available to start _____

Are you legally eligible for employment in the United States? Yes No

If hired, you will be required to provide proof of your eligibility to work in the United States.

Have you received a Job Description? Yes No

Are you able to perform the essential functions of the job to which you are applying? Yes No

Have you ever applied for employment with us? Yes No

If yes, Month & Year _____ Location _____ Position _____

Do you know friends or relatives that work for Costello? Yes No

If yes, please list name(s) and location(s): _____

What types of work are you looking for: Full-Time Part-Time (please only check one)

Permanent Temporary (please only check one)

Year Round Seasonal (please only check one)

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

Have you ever been bonded? If yes, which employer? _____ Yes No

Can you travel if the position requires it? Yes No

If yes, please indicate traveling radius from home: _____

How did you hear about this position? _____

Apart from absences for religious observance, please indicate what hours you are available to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start	Start	Start	Start	Start	Start	Start
End	End	End	End	End	End	End

Have you ever been disciplined or discharged for sexual harassment, fighting, assault, or safety rule violation? Yes No

Have you ever been convicted of a felony? (Answering "yes" to this question may or may not disqualify you.) Yes No

If yes, please explain: _____

Educational Information

	Educational institutions		Course of Study				Circle Last Year Completed		Did you Graduate?		List Diploma or Degree
	Name of School	City, State, Zip	5	6	7	8	Yes	No			
Elementary	Name of School										
	City, State, Zip										
High School	Name of School		1	2	3	4					
	City, State, Zip										
College	Name of School		1	2	3	4					
	City, State, Zip										
Other (Specify)	Name of School		1	2	3	4					
	City, State, Zip										

If additional space is necessary, please attach a separate piece of paper.

Specialized Educational Information

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

Please list any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

Please summarize any additional qualifications or job-related skills acquired from employment or other experience.

Employment Information

Please give accurate, complete, full-time, and part-time employment record. Start with your most recent (current) employer.

#1 Most recent Employer	Place of Employment	From		To		Starting Salary	Ending Salary	Supervisor
	Name of Employer	Month	Year	Month	Year			Name
	Mailing Address	Describe the work you performed:						Phone Number
	City, State, & Zip							May we contact?
	Phone Number							Email Address
	Type of Business							Reason for Leaving?
	Website Address	May we contact this employer?		Yes	No			

#2	Place of Employment	From		To		Starting Salary	Ending Salary	Supervisor
	Name of Employer	Month	Year	Month	Year			Name
	Mailing Address	Describe the work you performed:						Phone Number
	City, State, & Zip							May we contact?
	Phone Number							Email Address
	Type of Business							Reason for Leaving?
	Website Address	May we contact this employer?		Yes	No			

#3	Place of Employment	From		To		Starting Salary	Ending Salary	Supervisor
	Name of Employer	Month	Year	Month	Year			Name
	Mailing Address	Describe the work you performed:						Phone Number
	City, State, & Zip							May we contact?
	Phone Number							Email Address
	Type of Business							Reason for Leaving?
	Website Address	May we contact this employer?		Yes	No			

#4	Place of Employment	From		To		Starting Salary	Ending Salary	Supervisor
	Name of Employer	Month	Year	Month	Year			Name
	Mailing Address	Describe the work you performed:						Phone Number
	City, State, & Zip							May we contact?
	Phone Number							Email Address
	Type of Business							Reason for Leaving?
	Website Address	May we contact this employer?		Yes	No			

Are there any gaps in employment? If "Yes" please explain: _____

Personal References

Please list Personal References that we may contact. Do not list past or current employers or relatives.

Name: _____ Name: _____

Telephone Number: _____ Telephone Number: _____

Best Time to Call: _____ Best Time to Call: _____

Email Address: _____ Email Address: _____

Name: _____ Name: _____

Telephone Number: _____ Telephone Number: _____

Best Time to Call: _____ Best Time to Call: _____

Email Address: _____ Email Address: _____

Applicant's Statement & Signature

I certify that answers given 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. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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 the 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 an authorized executive of this organization specifically acknowledges such a change in writing.

Signature of Applicant

Date