ZAMI

POSITION:

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

	(PLE)	ise privi)			
Position(s) Applied For		and an analysis of the second	Date of	Application	The second secon
	_ Relative Friend	□ Inquiry □ Other			
Last Name	First Name		Middle Nan	ne	
Address Number Str	reet	City	State	Zip (Tode
Telephone Number(s)		Soc	ial Security Nur	nber (Volunta	Fy)
Best time to contact you at hor	ne is:		nen en	*	AM ——— PM
If you are under 18 years of age proof of your eligibility to work		required		□ Yes	□ No
Have you ever filed an applicat	ion with us before?			□ Yes	No
	,,,,	If Yes, give date			
Have you ever been employed	with us before?		•••••	□ Yes	□ No
If Yes, give date					
Do any of your friends or relati					□ No
Are you currently employed?				□ Yes	□ No
May we contact your present e	mployer?			□ Yes	□ No
Are you prevented from lawfull country because of Visa or Imr Proof of citizenship or imr	nigration Status?	,	ment	□ Yes	□ No
Date available for work/_	/ What is yo	our desired salary range?		<u></u>	
Are you available to work:	□ Full-Time	(please indicate 1 2	3 shift)		
	□ Part-Time	(please indicate Morni	ngs Afterno	on Evenin	gs)
	☐ Temporary	(please indicate dates a	vailable/		_//)
Are you currently on "lay-off" s	status and subject t	o recall?	***************************************	□ Yes	□ No
Can you travel if a job requires	it?		***************	□ Yes	□ No

EDUCATION

Elementary School	
High School	
Undergraduate College	
Graduate Professional	
Other (Specify)	
Describe any specialized training, apprenticeship, skills and extra-curricular activities.	7
Describe any job-related training received in the United States military.	

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, disabilities or other protected status.

Employer		Dates Employed From To
Address		Work Performed
Telephone Number(s)	
Job Title	Supervisor	
Reason for Leaving		
Employer		Dates Employed From To
Address		Work Performed
Telephone Number(s)	
Job Title	Supervisor	
Reason for Leaving	<u> </u>	
Employer		Dates Employed From To
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Job Title	Supervisor	
Reason for Leaving		
Employer		Dates Employed From To
Address		Work Performed
Telephone Number(s)	
Job Title	Supervisor	
Reason for Leaving		
If you	need additional space, j	olease continue on a separate sheet of paper.
ist professiona	ıl, trade, business or civi	c activities and offices held.

Production/Mobile Terminal Streadshoot Machinery (list) Other (list) POWAC Word Processing Typewriter Shorthand WPM WPM WPM WPM WPM WPM WPM WPM	ummarize speciai jot	p-related skills and qualific	cations acquired from er	mployment or other experie	ence.
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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 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. 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. 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. Date Signature of Applicant FOR PERSONNEL DEPARTMENT USE ONLY Arrange Interview ☐ Yes ☐ No INTERVIEWER Employed □ Yes □ No Date of Employment____

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Hourly Rate/
Salary Department

Job Title ___