



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

(Application will remain active for 30 days)

Position Applied For: _____ **Referral Source:** _____

Name: _____ **E-Mail Address:** _____
Last First M.I.

Address: _____ **Phone:** (____) _____
Street City State Zip

Are you at least 18 years of age? Yes No
 Are you a U.S. Citizen or legally authorized to work in the U.S.? Yes No
 Date you are able to start work: _____
 May we contact your current employer? Yes No
 Are you on layoff status or subject to recall elsewhere? Yes No
 Pay Expected: \$ _____ per _____
 If hired, how long do you plan to continue working for the company? _____
 Do you wish to work: Full-time Part-time Temporary
 Are you willing and available to work? On call
 Days Evenings Nights
 Overtime Weekends Holidays
 If applying for a job that requires one, do you have a valid driver's license? Yes No

Have you previously applied with us? Yes No
 When _____
 Have you previously worked with us? Yes No
 When _____
 Are any of your records under a different name? Yes No
 If so, what name _____
 Do you have any relatives working for us? Yes No
 If so, who? _____
 Is there any reason you might be unable to meet our attendance requirements? Yes No
 If yes, please explain _____

EDUCATION/ TRAINING	Name and Location of School	Did You Graduate?	Subjects Studied
High School			
College			
Other Training (particularly that led to license or certification)			

Are you taking or do you plan to take any additional education? If so, what? _____

SKILLS / ABILITIES:

Describe your computer skills (programs & applications): _____

List any skills or abilities you have which are pertinent to the position, including hobbies or related interests: _____

JOB REQUIREMENTS

Will you be able to perform the essential functions of the job, with or without reasonable accommodation?

Yes No

PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

Present or Last Employer:

Address: _____ Phone: () _____

Start Date: _____ Leaving Date: _____ Supervisor: _____ Rate of Pay \$ _____

Job Title & Duties: _____

Why Did You Leave? _____ May we contact: Yes No

Previous Employer:

Address: _____ Phone: () _____

Start Date: _____ Leaving Date: _____ Supervisor: _____ Rate of Pay \$ _____

Job Title & Duties: _____

Why Did You Leave? _____ May we contact: Yes No

Previous Employer:

Address: _____ Phone: () _____

Start Date: _____ Leaving Date: _____ Supervisor: _____ Rate of Pay \$ _____

Job Title & Duties: _____

Why Did You Leave? _____ May we contact: Yes No

PROFESSIONAL REFERENCE

Name: _____ Daytime Phone: () _____

Address: _____

Occupation: _____ How Long Known: _____

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION

1. As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the successful passing of a physical.
2. **I CERTIFY** that the facts contained in this application are true and complete, and understand that if employed, false, misleading or incomplete statements on this application shall be grounds for immediate dismissal.
3. **I AUTHORIZE** the company to investigate and verify any information contained in my application or pre-hire interviews, including my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.
4. **I UNDERSTAND** and agree that my employment and compensation may be terminated at any time without prior notice, with or without reason, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing.
5. **I UNDERSTAND** that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

Date _____ Signature of Applicant _____

APPLICANT EEO INFORMATION

Artbeads.com is subject to certain governmental record-keeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, the employer invites applicants to voluntarily self-identify gender, race, and ethnicity. **Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential and is only used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.** When reported, data will not identify any specific individual.

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, disability, or other basis protected by local, state, or federal law.

PLEASE PRINT

Name:	Date:
Position Applied for (list only one):	

<p>1. Are you Hispanic or Latino/a? A person of Cuban, Mexican, Chicano/a, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> Yes (Skip to question #3)</p> <p><input type="checkbox"/> No (Go to question #2)</p>	<p>3. What is your gender?</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>
<p>2. What race or races do you consider yourself to be? (Check all that apply)</p> <p><input type="checkbox"/> White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa</p> <p><input type="checkbox"/> Black or African American: a person having origins in any of the black racial groups of Africa</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands</p> <p><input type="checkbox"/> Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam</p> <p><input type="checkbox"/> American Indian or Alaskan Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment</p>	
<p><input type="checkbox"/> I do not wish to Self-Identify</p>	

Vietnam Era Veterans

Are you a Vietnam Era Veteran, a person that served a minimum of 180 days active duty in the Armed forces between 8/5/64 and 5/7/75? **YES** **NO**

Other Protected Veterans

Are you a veteran, a person who has served on active duty during a war or in a campaign or expedition for which a campaign ribbon or badge has been authorized? **YES** **NO**

Special Disabled Veterans

Are you a special disabled American Veteran? A special disabled veteran is a person that is entitled to disability compensation under the laws administered by the Veterans Administration for disability rated at 30% or more, or rated at 10 to 20 percent in the case of a veteran who has been determined under section 1506 of Title 38 U.S.C. to have a serious employment disability; or a person whose discharge or release from active duty was for a disability incurred in the line of active duty. **YES** **NO**

Newly Separated Veterans

Are you a newly separated veteran, a person who has served on active duty in the US military, ground, naval or air service during the one-year period beginning on the date of your discharge or release from active duty? **YES** **NO**

I do not wish to Self-Identify

Individual with a Disability

Are you an individual with a disability? An individual with a disability means any person who: (1) has a physical or mental impairment which substantially limits one or more of life's activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. **YES** **NO**

I do not wish to Self-Identify

THANK YOU FOR YOUR ASSISTANCE. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.