

APPLICATION FOR EMPLOYMENT



Which Location are you applying for? EAST WEST

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.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
(Please Print)

Position Applied For	Date of Application
How Did You Learn About The Position?	

Last Name	First Name	Middle Initial
Address		
City	State	Zip Code
		Social Security No. (Optional) - -
Contact Phone Number(s)	Email address:	

Best Time To Contact You Is:	_____ : _____	AM/PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	YES	NO
Have you ever filed an application with us before?	YES	NO
Have you ever been employed with us before?	YES	NO
If yes, when: _____/_____/_____ to _____/_____/_____		
Do you have any family or friends working here?	YES	NO
Are you currently employed?	YES	NO
If you are currently employed, may we contact your present employer?	YES	NO
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, can you provide such documentation?	YES	NO
Date you are available for work _____/_____/_____	What is your desired salary range?	
Are you available to work Full-Time?	YES	NO
If not, what days and hours are you able to work? (Circle days available): S M T W T F S		
(indicate hours available) From ____:____ AM/PM To ____:____ AM/PM		
Are you currently on "lay-off" status and subject to recall?	YES	NO
Have you ever been convicted of a felony?	YES	NO
If so, please describe the circumstances:	_____	

EDUCATION

	Name and Address of School	Course of Study	Number of Years	Diploma or Degree
Elementary School				
High School				
College				

Describe any specialized training, on-the-job training, apprenticeship programs, or skills that you have received:

EMPLOYMENT EXPERIENCE

1.	Employer	Dates Employed:	From	To
	Address	WORK PERFORMED		
	Telephone Number(s)			
	Job Title			
	Reason for Leaving			
2.	Employer	Dates Employed:	From	To
	Address	WORK PERFORMED		
	Telephone Number(s)			
	Job Title			
	Reason for Leaving			

Acknowledgment & Authorization

I certify that the 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 understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this corporation is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an 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 further understand that I am required to abide by all policies and procedures, standard operating procedures, and all applicable federal and state laws.

Print Name	Signature	Date