

NEK CAP APPLICATION FOR EMPLOYMENT

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.

(Please Print)

Position Applied for:

Date of Application:

How did you learn about us?

First Name

Last Name

Middle

Address (Number)

street

city

state

zip

Telephone Number(s)

Social Security Number

Best time to contact you at home is.....:_____am/pm

If you are under 18 years of age, can you provide

Proof of your eligibility to work?

___yes ___no

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_____

Do any of your friends or relatives, other than spouse, work here?

___yes ___no

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 of Visa or Immigration Status

Proof of citizenship or immigration status will be required upon employment

___yes ___no

Date available for work ___/___/___ What is your desired salary range?_____

Are you available to work:___Full-Time (please indicate 1 2 3 shift)

___Part-Time (please indicate Mornings Afternoon Evenings)

___Temp (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall?

___yes ___no

Can you travel if a job requires it?

___yes ___no

Education

	<i>Name and Address of School</i>	<i>Course of Study</i>	<i>Years Completed</i>	<i>Diploma / Degree</i>
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe and specialized training, apprenticeship, skills and extra-curricular activities.

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		Work Performed
		From	To	
Address		Hourly Rate/Salary		
		Start	End	
Telephone Numbers	Job Title	Supervisor	Reason for Leaving	

Employer		Dates Employed		Work Performed
		From	To	
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Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
		Start	End	
Telephone Numbers	Job Title	Supervisor	Reason for Leaving	

List Professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile	
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	Machinery (list)	Other (list)
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
Wpm _____	Wpm _____	_____	_____
		_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No

