

APPLICATION FOR EMPLOYMENT

Name of agency or person who referred you:		Date:
NAME (Last, First, Middle):		
ADDRESS: Number, Street		
City	State	Zip
Telephone:	Date of Birth if you are under 18:	
Position(s) applied for:		Earnings expected:
Date available for work:		Message name and phone number:
Do you want: Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Temporary <input type="checkbox"/>
Days/Hours not available for work:		
Have you applied or worked here before? If yes, when?		

EDUCATION

	High School	College, Technical School, University	Graduate/Professional
School Name			
Years Completed			
Diploma/Degree Describe the course of study			
Grade Point Average			
Describe specialized skills, training, or apprenticeships			
Do you plan to continue your education? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what course of study and when?			
Computer skills & software:			
Number of years experience:			
Other skills/Equipment:			
US Military: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you been convicted of a crime within the last seven years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:			

The Columbian is an Equal Opportunity Employer. Federal and State laws prohibit discrimination in employment because of sex, age, race, color, religion, marital status, national origin, ancestry, or disability.

WORK HISTORY

Include part-time jobs, summer jobs, businesses of your own, volunteer work. Incomplete applications will not be considered.	Note: If additional space is needed to list your jobs, please use a second application.	
List below the names of all employers, beginning with the most recent:		
1. Employer:	Work Performed:	
Address:		Telephone:
Job title:		Supervisor:
Dates:		Hourly rate/Salary
From To		Starting Ending
Reason for leaving:		

2. Employer:				Work Performed:
Address:		Telephone:		
Job title:		Supervisor:		
Dates:		Hourly rate/Salary		
From	To	Starting	Ending	
Reason for leaving:				
3. Employer:				Work Performed:
Address:		Telephone:		
Job title:		Supervisor:		
Dates:		Hourly rate/Salary		
From	To	Starting	Ending	
Reason for leaving:				
4. Employer:				Work Performed:
Address:		Telephone:		
Job title:		Supervisor:		
Dates:		Hourly rate/Salary		
From	To	Starting	Ending	
Reason for leaving:				
5. Employer:				Work Performed:
Address:		Telephone:		
Job title:		Supervisor:		
Dates:		Hourly rate/Salary		
From	To	Starting	Ending	
Reason for leaving:				
6. Employer:				Work Performed:
Address:		Telephone:		
Job title:		Supervisor:		
Dates:		Hourly rate/Salary		
From	To	Starting	Ending	
Reason for leaving:				

Indicate by number the above employers you do not wish us to contact:

If you've worked under other names, please give name(s):

Please read carefully and sign.

I certify that the information I provided on this application is true and correct. I understand that falsification of any of the information asked on this application will be grounds for my immediate termination from the Company. I authorize my previous employers to release to The Columbian all information regarding my prior employment and release them from liability for any such disclosures. I also understand that I will be subject to reasonable suspicion drug or alcohol testing during my employment, if hired; I agree to such testing and authorize the testing facility to release the results to The Columbian. I also understand and agree that if I am subsequently hired by The Columbian, my employment shall continue "at-will" as long as is mutually agreeable to both The Columbian and me. I know that this provision regarding the at-will nature of my employment cannot be modified except in writing, signed by the Human Resources Manager. Lastly, I understand that this paragraph sets forth the entire agreement between The Columbian and me with regards to the at-will nature of my employment.

Signature:

Date: