



Application for Employment

An Equal Opportunity, Affirmative Action Employer

Robert W. Carlstrom does not discriminate against any employee or applicant for employment because of race, color, creed, religion, ancestry, national origin, sex, affectional preference, disability, genetic testing, age (except as required by law), marital status or status with regards to public assistance. Individuals will not be excluded from employment rights, participation in or be denied the benefits of, or be otherwise subjected to discrimination under any program, service or activity under the provisions of any and all applicable federal, state, and local laws against discrimination.

Company prohibits the harassment of any employee or job applicant.

Answer ALL questions completely - please print - be sure to complete all applicable pages.

Position applied for: _____ Date of application: _____
 Name: _____ Phone Number: _____
 Present Address: _____ Email: _____

If hired, can you furnish proof that you are 18 years of age, or older? Yes No
 If hired, can you furnish proof that you are eligible to work in the United States? Yes No

JOB INTEREST:

Employment you are seeking: Full time Part-time Temporary

When can you begin work? _____

Are you able to occasionally work at alternate locations as may be required? Yes No

Have you ever been employed by this Company? Yes No
If yes, dates employed: From: _____ To: _____ Position: _____

Referred to Company by (check one): Job Posting Employment Agency Employee Other

Are you available for overtime work in the evening and/or on weekends as may be required: Yes No

EDUCATION:

School Name & Location	No. of Years Completed	Graduate	Degree, diploma or certificate, and area of study
High school last attended:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational, technical school:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or university:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY: List most recent employer first. Include U.S. Military Service (show rank/rate at discharge, but not type of discharge).

Employer (company name):	Immediate supervisor's name:	Your job title:
Street address:	Employment dates (mo. & yr.) from: to:	
City, state, zip code:	Phone:	Reason for leaving:
Summarize your job duties:		

Employer (company name):	Immediate supervisor's name:	Your job title:
Street address:	Employment dates (mo. & yr.) from: to:	
City, state, zip code:	Phone:	Reason for leaving:
Summarize your job duties:		

Employer (company name):	Immediate supervisor's name:	Your job title:
Street address:	Employment dates (mo. & yr.) from: to:	
City, state, zip code:	Phone:	Reason for leaving:
Summarize your job duties:		

Describe any specialized training, apprenticeship or applicable skills.

Have you ever been discharged by an employer? Yes No

If yes, please explain: _____

May we contact the employers listed above? Yes No

If no, please explain: _____

DRIVER'S LICENSE (for positions requiring driving):

Number:	State:	Expiration Date:
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Robert W. Carlstrom has policies on sexual harassment and equal opportunity, policies which require employees to perform all assigned work and necessary overtime, policies requiring wage or salary deduction authorizations by employees for company property, debts or moneys not returned or repaid, solicitation and distribution policies, and policies requiring employees to observe all standards of conduct, and policies of Company.

ACKNOWLEDGEMENT: PLEASE READ AND SIGN (if you agree)

By my signature below, I promise that the information provided in this employment application (and in any related documentation or interview) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date.

I authorize any person, school, current or prior employer named in this form (or related documents or interview) to provide Company with any information and opinion requested by Company in connection with my application, and I release such persons, employers, and schools from any liability in making such statements.

I understand that this application does not create a contract of employment. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted Company policies.

Applicant's Signature: _____ **Date:** _____

**VOLUNTARY APPLICANT SURVEY FORM
AN EQUAL OPPORTUNITY, AFFIRMATIVE ACTION EMPLOYER**

Pursuant to EEO laws and regulations, we are asking that each applicant fill out this self-identification form. Submission of this information is **completely voluntary** and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and separate from personnel files. It will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. Reported data will not identify any specific individual. Should you have any questions, please contact Human Resources.

Name: _____ **Date:** _____

Position Applied For: _____

SEX/GENDER- Select one: Male Female Non-Binary/Transgender/Gender Non-Conforming
 Do Not Wish to Answer

DISABILITY- ARE YOU A PERSON WITH A DISABILITY?

Yes No Do Not Wish to Answer

RACE/ETHNICITY – SELECT ONE OR MORE DESIGNATION

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 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.
- American Indian or Alaska Native: A person having origins in any of the original peoples of North, South or Central Americas, and who maintains tribal affiliation or community attachment.
- Do Not Wish to Answer