

APPLICATION FOR EMPLOYMENT



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Tel: (____) _____

Cell Phone: (____) _____ Email: _____

Position Desired: _____

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? Yes [] No []
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? Yes [] No []
(If no, you may be required to provide authorization to work.)

Have you ever worked for this company before? Yes [] No []

If yes, when? _____ Where? _____ Job Title: _____

Do you have any relatives or friend who work for the Company? Yes [] No []

If yes, who? _____

Are you available to work: PART TIME [] FULL TIME []
(Check all that apply)

Can you travel if a job requires it? Yes [] No []

Do you have a valid driver's license? Yes [] No []

Days and Hours Available:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? Yes [] No []

If yes, may we contact your employer? Yes [] No []

If presently employed, why are you considering leaving? _____

Have you been convicted of a felony within the last five years? Yes [] No []

EDUCATION

	Name and Location of School	Course of Study	No. Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? Yes [] No []

If yes, please describe: _____

List academic honors, extracurricular activities, or offices held, in school that would directly reflect your qualifications to perform the position for which you are applying: _____

EMPLOYMENT

Start with your present or most recent position:

Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip Code)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Rate of Pay Final
Describe the Work Performed			

Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip Code)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Rate of Pay Final
Describe the Work Performed			

Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip Code)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Rate of Pay Final
Describe the Work Performed			

PERSONAL REFERENCES

Give three (3) references (not relatives or employers)

Name	Occupation
Full Address (Including Street, City, State, & Zip Code)	Telephone Number: () Email Address:

Name	Occupation
Full Address (Including Street, City, State, & Zip Code)	Telephone Number: () Email Address:

Name	Occupation
Full Address (Including Street, City, State, & Zip Code)	Telephone Number: () Email Address:

APPLICATIONS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, MARITAL STATUS, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

IMPORTANT, PLEASE READ AND SIGN

I understand that omitting requested information or giving false or misleading information by me on any part of this Application for Employment can be grounds for the Company's decision not to hire me or to terminate my employment if I am hired. I understand that employment is contingent on completion of a fifty state background investigation and pre-employment drug screening. I understand that if I am hired, my employment is at-will, meaning that it is for no definite period of time and may be terminated by me or the Company at any time without prior notice.

Signed By: _____