



Employment Application

Directions: You must fill in this form completely to be considered for employment with this company. *Please print neatly.*
 Position or Positions you are applying for: _____

PERSONAL INFORMATION

Name			Social Security No.		
Address			Home Phone No.		
City	State	ZIP	Alternate Phone No.		
Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>		Can you, after employment, submit proof of age? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you leagally eligible for employment in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> (If offered employment, you must show proof of U.S. citizenship or the right to work in the United States.)					
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, explain date, nature of offense and results of conviction: _____					
NOTE: Convictions are not automatic disqualification from employment.					
Person to be contacted in case of emergency:			Name		
Address			Phone No.		

PREFERENCES

Date available for work: _____

Type of employment you are interested in: full-time part-time temporary pay desired _____

What days and hours are you available for work? Days: _____ Hours: _____

Are there any hours, shifts or days that you cannot or will not work? Yes No
 If yes, explain: _____

EDUCATION / CERTIFICATES / TRAINING

List only degrees and course of study that directly relate to your ability to perform the position or positions you are applying for.

School Name and Address	Grade/Years Completed?	Major or Field of Study	Type of Certificate or Degree
High School			
Business/Trade/Tech.			
University/College			

Other training and/or skills related to the position applying for: _____

PREVIOUS EMPLOYMENT

List your complete full-time and part-time employment record. Begin with your current or most recent employer.

Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, may we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, give exact number of days or weeks since leaving your last job, and reason.)		
1. Company Name/Address	Supervisor/ Manager	Start Date:	End Date:
	Phone:	Reason for leaving:	
Position:	Describe your work:		

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2. Company Name/Address	Supervisor/ Manager	Start Date:	End Date:
Position:	Phone:	Reason for leaving:	
	Describe your work:		
3. Company Name/Address	Supervisor/ Manager	Start Date:	End Date:
Position:	Phone:	Reason for leaving:	
	Describe your work:		
4. Company Name/Address	Supervisor/ Manager	Start Date:	End Date:
Position:	Phone:	Reason for leaving:	
	Describe your work:		

PROFESSIONAL REFERENCES

List only persons familiar with your work-related abilities. Do not include relatives.

Name/Title	Company	Address	Telephone Number(s)

Read, Date and Sign

All applicants for employment are judged solely on the basis of qualifications and ability without regard to sex, color, religion, creed, national origin, gender, age, marital status or disability.

I authorize the company to conduct reference checking and background investigation, which may include driving record, criminal record, credit, educational background and professional license. I understand and agree that employment may be contingent upon these results of the reference checks and the background investigation.

I understand I will be required to provide information for compliance with the Immigration Reform Act. I understand that I may be required to have physical examination, drug test, and pre-employment evaluations.

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the company unless I have indicated to the contrary. I authorize the references listed above to provide the company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information by the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or if I am hired, in my dismissal from employment.

My signature acknowledges that I understand and accept the above statements.

Applicant's Signature _____ Date _____

Note: This application will remain active for only 90 days from the date above.