

Application for Employment

Please "PRINT" using a blue or black "INK PEN" and sign all signature requests.

This employer considers applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Personal Information

| | | | | | |
|--|--------------|-----------|--|---|--|
| Last | First | MI | Maiden | DOB | SSN |
| Physical Address | | City | ST | ZIP | Email |
| Mailing Address (If different than Physical) | | City | ST | ZIP | Phone |
| Drivers Lic./ID Number | State Issued | Exp. Date | Type of License Operator _____ Chauffeur _____ Comm. DL _____ | Number of Accidents in Last 3 Years | Number of Violations in Last 3 Years |
| Position Applied For | | | | Salary Desired Hour _____ Month _____ Year _____ | Employment Desired Full-Time _____ Part-Time _____ |

1. If you are under 18 years old, can you provide proof of your eligibility to work? Yes or No Explain: _____
2. Have you ever worked with us in the past? Yes or No Explain: _____
3. Are you currently employed? Yes or No Explain: _____
4. May we contact your present employer? Yes or No Explain: _____
5. Have you been convicted of a felony within the last seven years? Yes or No Explain: _____
6. Are you prevented from lawfully becoming employed in this country (U.S.A.) because of Visa or Immigration status? Yes or No Explain: _____

Education

| | Name/Location | Last Year Complete | Degree | Major/Emphasis |
|--|---------------|--------------------|--------|----------------|
| High School | | 9 10 11 12 | | |
| College/University | | | | |
| Trade School | | | | |
| Other | | | | |
| List any other applicable special skills, training or proficiencies. | | | | |

-Part-Time or As Needed Basis Acknowledgement-

I understand that I am applying as a part-time or as needed basis employee position, and I am not guaranteed a forty-hour week.

Applicants Signature: _____ **Print:** _____ **Date:** __/__/__

Employment History - Please begin with your present or most recent employment. Include military service and volunteer activities.

| | Current or Most Recent | Prior | Prior |
|------------------------------|--|--|--|
| Employer | | | |
| Address | | | |
| City, ST ZIP | | | |
| Telephone | | | |
| Name of Immediate Supervisor | | | |
| Dates of Employment | From To | From To | From To |
| Position/Job Title | | | |
| Pay | | | |
| Reason for Leaving | | | |
| May We Contact? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Personal References

| | Reference 1 | Reference 2 | Reference 3 |
|--------------|-------------|-------------|-------------|
| Name | | | |
| Title | | | |
| Address | | | |
| City, ST ZIP | | | |
| Telephone | | | |

Disclaimer-By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

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