



APPLICATION FOR EMPLOYMENT

Please print – All questions must be answered

An Equal Opportunity Employer

PERSONAL INFORMATION

Name: _____

Address: _____
 _____ (Street)
 _____ (City) _____ (State) _____ (Zip)

Home phone: _____ Cell phone: _____

EMPLOYMENT INTEREST

Position(s) applied for: _____ Date of application: _____

Salary range desired: _____ Date available for work: _____

Type of position: Full time Part time Other : _____

Are you available to work the following: Overtime: Yes No Evenings: Yes No
 Weekends: Yes No Holidays: Yes No

GENERAL INFORMATION

1. Are you a U.S. citizen or an alien legally authorized to work in the U. S.? Yes No
 Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

2. Are you at least 18 years of age? Yes No If not, birthdate: _____
 Note: We are required to obtain a work permit from all employees under age 18 before they begin work. Generally, work permits are issued at the school the minor is attending. If you are under 18 and do not currently have a work permit, please contact your school.

3. Referral source: _____

4. Have you applied to this company before? Yes No If yes, when? _____

5. Have you been employed by this company before? Yes No If yes, when? _____

6. Do you have any relatives employed by this company? Yes No If yes, please list names, relationships and positions.

7. Have you ever been discharged or suspended by an employer? Yes No If yes, describe.

EMPLOYMENT HISTORY

Starting with your most recent employment, list employment for the past 10 years including self-employment, summer, part-time, and part or full-time military service. You may include any work performed on a volunteer basis.

Company	From (month/year)	To (month/year)
Street	Job Title	Supervisor
City, State, Zip	Telephone	
Work performed	Reason for leaving (or planning to leave)	

Company	From (month/year)	To (month/year)
Street	Job Title	Supervisor
City, State, Zip	Telephone	
Work performed	Reason for leaving	

Company	From (month/year)	To (month/year)
Street	Job Title	Supervisor
City, State, Zip	Telephone	
Work performed	Reason for leaving	

EDUCATION

Please check the last year of formal education completed:

9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 18+

If you did not complete high school, do you have a high school equivalency diploma (GED)? Yes No

	Name and Location of Institution	Type of Degree or Diploma	Major course of study	Did you graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Training or Skills (Machines operated, special courses, computers, typing, special licenses, permit or certificates)

Please identify the job for which you are applying and write a paragraph as to why you are qualified.

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REFERENCES

List three Supervisory references you have known over three years who are not related to you.

Name	Company/Occupation	Years Known	Telephone Number

Notice to all applicants:

Employment with the Company may be contingent upon the applicant passing a reference check, background check and/or drug screening test. If applicable, the drug screening test will be administered at a time and place specified by the company. The Company has the right to revoke any offer of employment based on the failure of a drug screen or a failed background check.

The Company is authorized to investigate all statements made on the application and to discuss the results of its investigations with those responsible for hiring. The Company may also contact my former employer(s) or other persons who can verify information.

I have read and agree to the conditions stated above. I give my consent to former employer(s) and other contact persons to respond to questions pertaining to information on this application. Further I release from liability such former employer(s) or other persons contacted by and providing information to the Company. I acknowledge that all the above statements are true. Falsification on an employment application is grounds for immediate termination.

Applicant Name *(Please print.)*

Applicant Signature:

Date: