

APPLICATION FOR EMPLOYMENT

The following information is requested in order to help us evaluate and analyze your skills and ultimately to make the best possible placement within the company. All portions of this application pertaining to you must be completed. The company, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, or physical or mental handicap.

PLEASE PRINT

PERSONAL	NAME: LAST FIRST MIDDLE	DATE OF APPLICATION:
	STREET ADDRESS:	POSITION APPLIED FOR:
	CITY, STATE, ZIP:	SOCIAL SECURITY NUMBER:
	When would you be available to begin work? _____	TELEPHONE NUMBER: ()
	Have you ever worked under another name? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name(s) _____	SALARY EXPECTED: \$ per
	Have you ever worked for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify _____	
	Have you ever applied for employment with us? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, month and year _____	
	Are you legally eligible for employment in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, what is your immigration status? _____	
	Can you work overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO Can you work shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	What type of work are you seeking? <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary Hours Available to Work _____	
Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a felony or misdemeanor crime within the last 10 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain (conviction will not necessarily disqualify you from employment) _____		

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Elementary School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Other				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Are you a Student? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME Are you planning to pursue further studies? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME If yes, when and where, and what courses of study? _____					

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	COMPANY NAME/TYPE OF BUSINESS:	TELEPHONE NUMBER: ()
	ADDRESS:	EMPLOYED (MONTH/YEAR) FROM TO
	NAME OF SUPERVISOR/TITLE:	SALARY/HOURLY RATE START LAST
	STATE JOB TITLE AND DESCRIBE YOUR WORK <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	REASON FOR LEAVING
	MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, REASON:	

2	COMPANY NAME/TYPE OF BUSINESS:	TELEPHONE NUMBER: ()
	ADDRESS:	EMPLOYED (MONTH/YEAR) FROM TO
	NAME OF SUPERVISOR/TITLE:	SALARY/HOURLY RATE START LAST
	STATE JOB TITLE AND DESCRIBE YOUR WORK <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	REASON FOR LEAVING
	MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, REASON:	

3	COMPANY NAME/TYPE OF BUSINESS:	TELEPHONE NUMBER: ()
	ADDRESS:	EMPLOYED (MONTH/YEAR) FROM TO
	NAME OF SUPERVISOR/TITLE:	SALARY/HOURLY RATE START LAST
	STATE JOB TITLE AND DESCRIBE YOUR WORK <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	REASON FOR LEAVING
	MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, REASON:	

4	COMPANY NAME/TYPE OF BUSINESS:	TELEPHONE NUMBER: ()
	ADDRESS:	EMPLOYED (MONTH/YEAR) FROM TO
	NAME OF SUPERVISOR/TITLE:	SALARY/HOURLY RATE START LAST
	STATE JOB TITLE AND DESCRIBE YOUR WORK <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	REASON FOR LEAVING
	MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, REASON:	

5	COMPANY NAME/TYPE OF BUSINESS:	TELEPHONE NUMBER: ()
	ADDRESS:	EMPLOYED (MONTH/YEAR) FROM TO
	NAME OF SUPERVISOR/TITLE:	SALARY/HOURLY RATE START LAST
	STATE JOB TITLE AND DESCRIBE YOUR WORK <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	REASON FOR LEAVING
	MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, REASON:	

MILITARY HISTORY		Complete this section if you have served in the U.S. Armed Forces.
DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING:		BRANCH OF SERVICE:
		PERIOD OF ACTIVE DUTY (MONTH & YEAR): FROM: TO:
		RANK AT DISCHARGE:
		DATE OF FINAL DISCHARGE:

PERSONAL REFERENCES		List name and phone number of 3 business/work references who are not related to you and are not previous supervisors.
NAME, JOB TITLE, COMPANY	PHONE	YEARS KNOWN

ORGANIZATIONS	List professional, trade, business, or civic associations and offices held, special accomplishments, and awards (exclude information which may reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status).

SPECIAL SKILLS	Summarize special skills and qualifications acquired from employment and other experiences.

Do you have a Class D Chauffeur's license? YES NO

If yes, license number: _____ State: _____

PLEASE READ BEFORE SIGNING

I authorize the Employer to make any investigation it deems appropriate concerning me, and authorize any public agency, person, company, organization, doctor, or medical facility to release such information, including information concerning any prior criminal convictions.

I understand that the Employer may have conducted an investigative consumer report concerning my character, general reputation, personal characteristics, and mode of living, and that, upon written request to the Employer, I can obtain information on the nature and scope of such investigation, if any.

I hereby release all parties from all liability for any damage that may result from their providing information to the Employer, regarding my background.

As a condition of employment, or continued employment, I agree and consent to take physical and other examinations when required, and such future physical examinations as may be required by the Employer.

I understand that if employed, any misrepresentation or omission of fact on this application shall be considered grounds for my dismissal.

Upon accepting employment, I understand that I must furnish proof of eligibility for employment in the United States as outlined in the U.S. Department of Justice's Form I-9.

I understand that if employed, my employment will be for an indefinite period of time, and that I may terminate my employment at any time for any reason, and that the Employer may do likewise; I further understand that no representative of the Company has authority to enter into any agreement to the contrary, unless such agreement is in writing and signed by a management official.

This application will be current for only 30 days. After 30 days, if you still wish to be considered, it will be necessary for you to fill out a new application.

Applicant's Signature

Date