



Application for Employment

An Equal Opportunity Employer

Reasonable accomidation will be provided as required by law

Last Name	First Name	Middle Initial	Social Security Number
Street Address	City/State	Zip Code	Phone Number

If hired, can you provide evidence of legal eligibility to work in the US?	Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization
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Position Desired	Wage/Salary Desired	Full Time?	Part Time?
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Date you can begin work?	Are you 18 years of age or older?	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.
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Name of high school attended	City & State	Graduate?	GED?	
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Name of College or technical school	City & State	Graduate?	Degree?	Major?
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Are you presently enrolled in school	If yes, give name & address of school and expected degree date
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List any job-related skills or accomplishments, including military service

Your Availability For Work							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Total hours per week you are available to work	Do you have any special requests or needs for a work schedule?
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Provide Three References Who Are Not Former Employers Who We May Contact		
Name and Occupation	How do you know them, and for how long?	Phone Number

May we contact current employers before you are offered a position?

Name of Employer	Job Title	
	Duties	
Address	Dates of Employment	
	From	To
City, State, Zip Code	Hourly pay or Salary	
	Starting Pay	Ending Pay
Supervisor	Reason for Leaving	
Telephone		

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CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge , and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements

I have read, understand, and agree to the above statements.

Note: Your printed name below will serve as your signature.

Signature

Date