



# APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY ZIP

Type of Transportation \_\_\_\_\_ Driver's License # \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_ Sex \_\_\_\_\_

Shifts Available: \_\_\_\_\_  Any Shift  Days  Nights  Weekends

Hours Available: \_\_\_\_\_  Part Time

Full Time

## EDUCATION:

NAME OF SCHOOL AND LOCATION	FROM	TO	GRADUATED		FIELD OF STUDY	DIPLOMA OR DREGREE	CLASS STANDING
			YES	NO			

**ADDITIONAL INFORMATION:** Marital Status -  Single  Married

Does Spouse Work:  Yes  No

POSITION

NUMBER OF CHILDREN AND AGES

FATHER'S OCCUPATION

MOTHER'S OCCUPATION

Whom should be notify in case of an emergency?

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been arrested other than a traffic violation?  Yes  No

In 25 words or less, describe yourself: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FORMER EMPLOYERS:** (List below last two employers, last one first)

DATE Month & Year	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				

Fast Food Experience Not Listed Above:

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Have You Ever Operated a Meat Slicer?  Yes  No

Do You Have Any Experience with a Cash Register?  Yes  No

**PRE-EMPLOYMENT STATEMENT:**

*Please Read And Sign The Following:*

I understand that my employment will be subject to verification of all information on this application. I also understand that employment will be contingent upon work performance of a continuing high standard. I further understand that if hired, and leave without 10 day notice if paid salary or hourly all pay will revert to minimum wage.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Form **W-4**  
(Rev. January 1984)

**Department of the Treasury — Internal Revenue Service**  
**Employee's Withholding Allowance Certificate**

OMB No. 1545-0010

<b>1</b> Type or print your full name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> <input type="checkbox"/> Married, but withhold at higher Single rate <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the Single box
City or town, State, and ZIP code			
<b>4</b> Total number of allowances you are claiming (from line F of the worksheet on page 2)			
<b>5</b> Additional amount, if any, you want deducted from each pay			
<b>6</b> I claim exemption from withholding because (see instructions and check boxes below that apply):			\$
<b>a</b> <input type="checkbox"/> Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, <b>AND</b>			
<b>b</b> <input type="checkbox"/> This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of <b>ALL</b> income tax withheld. If both a and b apply, enter the year effective and "EXEMPT" here			
<b>c</b> If you entered "EXEMPT" on line 6b, are you a full-time student?			Year
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.  
Employee's signature

**7** Employer's name and address (**Employer: Complete 7, 8, and 9 only if sending to IRS**) **8** Office code **9** Employer identification number