

**323 Erwin Road | Stonewall, MS 39363**

EMPLOYMENT APPLICATION

**PERSONAL INFORMATION**

# FULL NAME: DATE:

**First Middle Last**

# ADDRESS:

**Street Address Apt/Suite**

**City State Zip Code**

# E-MAIL: PHONE:

**SOCIAL SECURITY NUMBER (SSN): - - DATE OF BIRTH:**

**DATE AVAILABLE: DESIRED PAY**: $ ☐ HOUR ☐ SALARY **POSITION APPLIED FOR:** **EMPLOYMENT DESIRED:** ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

**ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS OF THIS POSITION?**

☐ YES OR ☐ NO

 **MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| FROM: |  |  |  |  |  |  |  |
| TO: |  |  |  |  |  |  |  |

TOTAL HOURS AVAILABLE PER WEEK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE AVAILABLE TO START: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*ARE YOU SERVSAFE CERTIFIED? ☐ YES ☐ NO**

**EMPLOYMENT ELIGIBILITY**

# ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO\*

**HAVE YOU EVER WORKED FOR THIS EMPLOYER?** ☐ YES\* ☐ NO

# \*IF YES, WRITE THE START AND END DATES: HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES\* ☐ NO

**\*IF YES, PLEASE EXPLAIN:**

**EDUCATION**

**HIGH SCHOOL:** CITY / STATE: FROM: TO:

GRADUATE? ☐ YES ☐ NO DIPLOMA:

**COLLEGE:** CITY / STATE: FROM: TO:

GRADUATE? ☐ YES ☐ NO DEGREE:

**OTHER:** CITY / STATE:

FROM: TO: DEGREE/CERTIFICATION:

**OTHER:** CITY / STATE: FROM: TO: DEGREE/CERTIFICATION:

**PREVIOUS EMPLOYMENT**

# EMPLOYER 1:

Company / Individual

E-MAIL: PHONE:

ADDRESS**:**

Street Address Apt/Suite

City State Zip Code

STARTING PAY: $ ☐ HOUR ☐ SALARY ENDING PAY: $ ☐ HOUR ☐ SALARY JOB TITLE: RESPONSIBILITIES: FROM: TO:

REASON FOR LEAVING:

# EMPLOYER 2:

Company / Individual

E-MAIL: PHONE:

ADDRESS**:**

Street Address Apt/Suite

City State Zip Code

STARTING PAY: $ ☐ HOUR ☐ SALARY ENDING PAY: $ ☐ HOUR ☐ SALARY JOB TITLE: RESPONSIBILITIES: FROM: TO:

REASON FOR LEAVING:

# EMPLOYER 3:

Company / Individual

E-MAIL: PHONE:

ADDRESS**:**

Street Address Apt/Suite

City State Zip Code

STARTING PAY: $ ☐ HOUR ☐ SALARY ENDING PAY: $ ☐ HOUR ☐ SALARY JOB TITLE: RESPONSIBILITIES: FROM: TO:

REASON FOR LEAVING:

**EMERGENCY CONTACTS**

**FULL NAME: RELATIONSHIP:**

First Last

**WORK: PHONE:**

**E-MAIL: CELL:**

**FULL NAME: RELATIONSHIP:**

First Last

**WORK: PHONE:**

**E-MAIL: CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFERENCES**

**(PROFFESIONAL ONLY)**

**FULL NAME:** RELATIONSHIP:

First Last

COMPANY: TITLE:

E-MAIL: PHONE:

**FULL NAME:** RELATIONSHIP:

First Last

COMPANY: TITLE:

E-MAIL: PHONE:

**FULL NAME:** RELATIONSHIP:

First Last

COMPANY: TITLE:

E-MAIL: PHONE:

**MILITARY SERVICE**

**ARE YOU A VETERAN?** ☐ YES ☐ NO

BRANCH**:**  RANK AT DISCHARGE: FROM: TO:

 TYPE OF DISCHARGE:

IF NOT HONORABLE, PLEASE EXPLAIN:

**BACKGROUND CHECK CONSENT**

# IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

**DISCLAIMER**

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being ***terminated.***

**SIGNATURE: DATE:**

**PRINT NAME:**