

EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____
First Middle Last

ADDRESS: _____) _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

DATE AVAILABLE: _____

POSITION APPLIED FOR: _____

SHIFT(S) DESIRED (select min of 2 options): 8-5 9-6 10-7 11-8 12-9 1-10

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/END DATES & TITLE:** _____

EDUCATION

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

GRADUATE? YES NO

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

GRADUATE? YES NO **DEGREE:** _____

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: _____

MAY WE CONTACT THIS EMPLOYER?: YES NO

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: _____

MAY WE CONTACT THIS EMPLOYER? YES NO

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: _____

MAY WE CONTACT THIS EMPLOYER?: YES NO

MILITARY SERVICE

ARE YOU A RESERVED SERVICE MEMBER? YES NO

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

ARE YOU WILLING TO COMPLETE A PRE-EMPLOYMENT DRUG SCREENING? 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** _____