



# Application for Employment

POSITION YOU ARE APPLYING FOR: \_\_\_\_\_

DESIRED SALARY: \_\_\_\_\_ DATE AVAILABLE TO START: \_\_\_\_\_

## PERSONAL INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No      If not, are you currently authorized to work in the U.S.?  Yes  No  
 Are you of legal age to sell alcohol (18)?  Yes  No      Have you ever been convicted of a felony?  Yes  No

## EDUCATION

SCHOOL NAME	LOCATION	YEARS ATTENDED	DEGREE RECEIVED

## EMPLOYMENT HISTORY

LAST/CURRENT EMPLOYER \_\_\_\_\_ LOCATION \_\_\_\_\_

POSITION \_\_\_\_\_ DUTIES PERFORMED \_\_\_\_\_

DATES EMPLOYED \_\_\_\_\_ PAY RATE \_\_\_\_\_ SUPERVISORS NAME \_\_\_\_\_ MAY WE CONTACT THEM?  YES  NO

PREVIOUS EMPLOYER \_\_\_\_\_ LOCATION \_\_\_\_\_

POSITION \_\_\_\_\_ DUTIES PERFORMED \_\_\_\_\_

DATES EMPLOYED \_\_\_\_\_ PAY RATE \_\_\_\_\_ SUPERVISORS NAME \_\_\_\_\_ MAY WE CONTACT THEM?  YES  NO

## AVAILABILITY

SUN	MON	TUE	WED	THU	FRI	SAT
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

## REFERENCES

NAME	TITLE	COMPANY	PHONE

## ACKNOWLEDGEMENT AND AUTHORIZATION

*I certify that all answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.*

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER