



APPLICATION FOR EMPLOYMENT



We are an equal opportunity employer. We do not discriminate on the basis of race, religion, nation of origin, color, sex, age, veteran status, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job related factors.

PERSONAL

Social Security No. _____ Date _____

Name _____

Present Address _____ Telephone # _____

Position Applied For _____

Hourly Rate of Pay Expected _____

would You work _____full time _____part time

Specify Hours _____

Were You Previously Employed Here? Yes No

If Yes, when? _____

List Friends and/or Relatives working Here _____

If your application is considered favorably, on what day will you be available for work? _____

List any experiences, skills or qualifications that you feel would fit you for work here. _____

IF YOU ARE APPLYING FOR A JOB WITH MINIMUM AGE REQUIREMENTS, YOU MAY BE REQUIRED TO SUBMIT PROOF OF AGE.

Are You 18 Years of Age or Older? Yes No DATE OF BIRTH / /

DO YOU HAVE A VALID DRIVERS LICENSE? Yes No

Drivers License # _____

HAVE YOU HAD YOUR DRIVERS LICENSE REVOKED OR SUSPENDED IN THE LAST 3 YEARS?

Yes No If yes, please explain _____

IF HIRED, CAN YOU FURNISH PROOF YOU ARE ELEGIBLE TO WORK IN THE UNITED STATES?

Yes No

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

If yes, please explain _____

HAVE YOU PREVIOUSLY APPLIED HERE? Yes No

IF yes, when? _____

HAVE YOU EVER WORKED UNDER A DIFFERENT NAME? Yes No

If Yes, Name _____

PERSONAL REFERENCES

NAME/OCCUPATION	ADDRESS	PHONE #

MEMBERSHIP IN PROFESSIONAL or CIVIC ORGANIZATIONS
(Please do not include racial, religious or nationality groups)

NAME/DESCRIPTION OF ORGANIZATION	PARTICIPATING DATES	OFFICES HELD

EDUCATION RECORD

NAME OF SCHOOL	DEGREE AWARDED	GPA	HONORS
High School _____			
College/University _____			
Business, Trade, Correspondence, Night or Other School _____			

Do you type? Yes No WPM _____

Do you have any computer skills? Yes No

Which programs? _____

WORK HISTORY

Please begin with the most recent and list all past employers, including any pertinent military experience.

NAME OF COMPANY _____	BUSINESS ADDRESS _____
PHONE NUMBER _____	SUPERVISOR _____
TYPE OF BUSINESS _____	DATES EMPLOYED / / - / /
EXACT JOB TITLE _____	EARNINGS _____
REASON FOR TERMINATION _____	
DESCRIPTION OF DUTIES _____	

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PHONE NUMBER _____	SUPERVISOR _____
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EXACT JOB TITLE _____ EARNINGS _____
REASON FOR TERMINATION _____
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AFFIDAVIT

I certify that all the information that I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from neighbors, friends, former employers, schools and others. I understand I have the right to make a written request within a reasonable time for the disclosure of the names and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide all relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

SIGNATURE _____ DATE _____
