

## **Application for Employment**

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions <u>must</u> be answered.

Location Applying For:		Fitchburg: Mon, Tues	s & Saturd	av 6a-4p						
		Weds, Thurs & Fri 6a								
Position Wanted:										
Personal Information										
Last, First, MI						Today	's Date			
Physical/ Mailing Address			City/ T	City/ Town			State		Zip Code	
Email Address			Cell Ph	Cell Phone			Home Phone			
Date you can start work			Salarv	Salary Desired			Number of Hours Desired			
Bate you can stare work										
Availability: Check all that	apply and be s	specific with start and	end times	s: am/pm (C	afé hours	s are listed at	t the top of t	he form	)	
Full Time Part Time			Weeko				Weekends			
Mon: Tues:		Weds:	Thurs:		Fri:		Sat:		Sun:	
Start	Start	Start		Start		Start		Star	t	Start
End	End	End		End		End		End		End
Education History										
	Name & Lo	cation of School				Did you gra	aduate?	Subje	ct Studied	
High School										
College										
Trade, Continued Ed, etc.										
Additional Info you want								1		
us to know about you										
1										



Employment History: Start with your present or most recent employment and work back. Use separate sheet if necessary.							
Job Title 1	Start date	End Date					
Company Name	Supervisor's Name	Phone Number					
City, State, Zip	Reason for Leaving						
Duties							
Battes							
May we contact your present employer?	Yes No						
Job Title 2	Start date	End Date					
Company Name	Supervisor's Name	Phone Number					
Charles 77	December 1 and 1 a						
City, State, Zip	Reason for Leaving						
Duties							
Job Title 3	Start date	End Date					
Company Name	Supervisor's Name	Phone Number					
City, State, Zip	Peacen for Leaving						
City, State, Zip	Reason for Leaving						
Duties	<u> </u>						
References							
Name	Address/ City/ State F	Phone Relationship					
I certify that the facts set forth in this Application	for Employment are true and complete to the bes	t of my knowledge. I understand that if I am					
employed, false statements, omissions or misrep	resentations may result in my dismissal. I authorize	e the Employer to make an investigation of any of					
	the Employer from any liability. The employer may is an "at will" employer. Therefore, any employee						
employee) may resign at any time, just as the em	ployer may terminate the employment relationshi						
cause, with or without notice to the other party.							

Applicant Signature\_\_\_\_\_

Date\_\_\_\_\_