



Employment Application

Name: _____ **S.S.N.** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Are you legally authorized to work in the United States? Y / N

Are you over 18? Y / N

Have you been convicted of a felony? Y/N Details: _____

Emergency Contact: _____ **Phone:** _____

Are you First Aid/CPR certified? Y / N Expiration : _____

Drivers License # _____ **State :** _____ **Exp:** _____

Education

Institution	Dates	Degree or Credentials Earned

Special Skills

Professional References

(Please do not list relatives)

Name	Phone	Years known

Previous Employment

Employer: _____ **Phone:** _____

Supervisor's Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____

Email: _____ **Dates employed:** _____

Reason for leaving: _____

Starting pay: _____ **Ending Pay:** _____

Employer: _____ **Phone:** _____

Supervisor's Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____

Email: _____ **Dates employed:** _____

Reason for leaving: _____

Starting pay: _____ **Ending Pay:** _____

Desired position(s): _____

Desired compensation: _____

Date available to start: _____

Weekly availability: _____

Printed Name	Signature	Date
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OFFICE USE ONLY

Comments

Working Interview Date: _____ **Hire Date:** _____ **Starting Pay:** _____

Manager's Signature: _____ **Date:** _____