



Application for Employment

Today's Date _____

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Last name _____ First name _____ Social Security # _____

Street Address _____

City _____ State _____ ZIP _____ Telephone _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)
 Yes No If yes, please describe conditions. _____

Employment Current/Desired

Are you presently employed? Yes No May we contact your present employer? Yes No

Are you looking for full-time? Yes No Are you available for part-time work? Yes No

How many hrs per week can you work? _____ Are you available Mon-Sat from 8:30 to 6:30? Yes No

If No, what hours are you available? _____ Date you can start work _____

Desired position/dept _____ Desired starting salary _____

Please list applicable skills _____

Can you lift at least 40lbs? Yes No Can you stand on your feet for 4 hours straight? Yes No

Do you have a valid drivers license? Yes No Rate your computer skills on a scale of 1 – 10 _____

Have you ever lost a job due to attendance? Yes No If yes, explain: _____

Education

Name & Location of School	Years Attended	Subject Studied	Did you Graduate?
High School			
College			
College			
Trade or Other School			

Please list any scholastic honors received or extracurricular activities you participate in at school.

Are you planning to continue your studies? Yes No

If yes, where and what courses of study? _____

Employment History (Start with most recent employer)

Date Month and Year	Name & Location of Employer	Salary	Position	Reason for leaving
From:				
To:				
Phone:	Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From:				
To:				
Phone:	Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From:				
To:				
Phone:	Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From:				
To:				
Phone:	Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If worked for more than 4 employers (in the past 10 years) please attach separate sheet with additional Company information listed.

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Work/Character References

List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

How do you know this person? _____ Have they worked with you Yes No

Name _____ Phone _____ Years Known _____

How do you know this person? _____ Have they worked with you Yes No

Name _____ Phone _____ Years Known _____

How do you know this person? _____ Have they worked with you Yes No

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____