



APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regards to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

PERSONAL

Name: _____ Date of Application: _____
Last First Middle Initial

Address: _____
Street Number Street City State Zip

Phone Number: _____ Email Address: _____

- Are you legally permitted to work in the United States? Yes No
- If hired, can you provide documentation of this eligibility? Yes No
- Have you filed an application here before? Yes No If yes, give date: _____
- Have you ever been employed here before? Yes No If yes, give date: _____
- Are you employed now? Yes No
- May we contact your present employer? Yes No
- Have you ever pled guilty to or been convicted of a crime? Yes No

If yes, please describe each conviction/charge, including: charge, date, city, county, and state of occurrence. If additional space is required, please list on another sheet.

*A conviction record of any nature will not necessarily be a bar to employment. The age and time of any conviction, the seriousness and nature of the violation, rehabilitation, and other factors will be taken into account. In responding to the questions below, applicants are not required to disclose the existence of any conviction which has been annulled, erased, sealed, expunged, or otherwise eradicated by state or court order. If your criminal records have been erased or expunged in accordance with state or federal law, you are deemed to have never been arrested with respect to those proceedings.

EMPLOYMENT DESIRED

Position Applied For: _____

Are you available to work Full-time Part-time Seasonal

Availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From (Start Time)							
To (End Time)							

Salary Desired: _____ Date Available to Start Work: _____

WORK HISTORY

Please list all full-time and part-time employment within the past seven years, starting with the most recent position. (Use additional sheet of paper if necessary and attach to application).

Company Name: _____						From: _____	To: _____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Street Address	City	State	Zip	Position/Dept.	Salary (start/end)				
Describe Duties:									

Reason for leaving: _____									
Supervisor: _____						Phone # _____			

Company Name: _____						From: _____	To: _____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Street Address	City	State	Zip	Position/Dept.	Salary (start/end)				
Describe Duties:									

Reason for leaving: _____									
Supervisor: _____						Phone # _____			

Company Name: _____						From: _____	To: _____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Street Address	City	State	Zip	Position/Dept.	Salary (start/end)				
Describe Duties:									

Reason for leaving: _____									
Supervisor: _____						Phone # _____			

Company Name: _____						From: _____	To: _____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Street Address	City	State	Zip	Position/Dept.	Salary (start/end)				
Describe Duties:									

Reason for leaving: _____									
Supervisor: _____						Phone # _____			

EDUCATION

Type of School	Name/Location		Diploma Yes or No	Degree Earned	Course of Study
High School					
Business/Technical School					
College/University					
Graduate School					
Other Training/Education					

SUPPLEMENTAL INFORMATION

Please give any further information which you believe would be pertinent, including any specialized training, apprenticeship, skills, hobbies or interests which may have a direct bearing on the job you are seeking

PLEASE READ CAREFULLY

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment. I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. I consent to undergo any such medical examination as may be required. I understand that nothing contained in this employment application or in the granting of any interview is intended to create a contract between me and this company for either employment or the provision of any benefits; and further understand that if any employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company. I understand that the Immigration and Control Act of November 6, 1986 requires me to prove my identity and eligibility to work, and that failure to provide such proof within a certain period of time may legally force my termination.

Signature of Applicant

Date