



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations.

PERSONAL INFORMATION

Name (Last, First, Mid.)		Date of Application	
Street Address		Are you 16 or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO
City, State, Zip		If not, can you furnish a work permit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Telephone			
Social Security No.		Driver's License No. & State (If required for job)	

EMPLOYMENT DESIRED

Position Applied For		Date Available for Work	
Have you worked for our company before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a friend or relative employed with us?	<input type="checkbox"/> YES <input type="checkbox"/> NO Names(s)
Type of employment desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational Co-op			
Days available for work <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Are you legally eligible for employment in the country? (Proof of US citizenship or immigration status will be required upon employment.)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you physically or otherwise able to perform the job duties for which you are applying?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you been convicted of a felony in the last seven (7) years? If yes, please explain: (such conviction may be relevant if job related, but does not bar you from employment.)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATIONAL BACKGROUND

Name and Location	Years Completed	Course of study	Did you graduate?

REFERENCES

List three (3) persons not related to you, whom you have known at least one year.

Name	Address	Telephone	Years Acquainted

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience

Employer Name, Address Phone No. & Supervisor	Position, Duties	Dates Employed	Salary (upon leaving)	Reason for Leaving
		From: To:		
Employer Name, Address Phone No. & Supervisor	Position, Duties	Dates Employed	Salary (upon leaving)	Reason for Leaving
		From: To:		
Employer Name, Address Phone No. & Supervisor	Position, Duties	Dates Employed	Salary (upon leaving)	Reason for Leaving
		From: To:		
Employer Name, Address Phone No. & Supervisor	Position, Duties	Dates Employed	Salary (upon leaving)	Reason for Leaving
		From: To:		

SKILLS & QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that qualify you to work for our company.

AUTHORIZATION

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will cause for rejection of my application or termination of employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed.

Signature: _____ Date: _____