

EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.



(PLEASE PRINT)

Position(s) Applied For:			Pay Expected			Date of Application					
How Did You Learn About Us?											
<input type="checkbox"/> Advertisement			<input type="checkbox"/> Friend			<input type="checkbox"/> Walk-In					
<input type="checkbox"/> Employment Agency			<input type="checkbox"/> Relative			<input type="checkbox"/> Other _____					
Last Name			First Name			Middle Name					
Address			Number			Street			City	State	Zip Code
Telephone Number(s)						Social Security Number					

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If yes, give date _____

Have you ever been employed with us before?

Yes No

If yes, give date _____

Are you currently employed?

Yes No

May we contact your past/present employer?

Yes No

Are you able to verify employment eligibility by the presentation of appropriate documents?

Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Specific Shift/Hours Available _____

Are you willing to work overtime if asked? Yes No

EDUCATION

School Name and Location	Elementary					High School				Undergraduate College/University				Graduate / Professional			
	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed																	
Diploma/Degree																	
Describe Course of Study																	
State any additional information you feel may be helpful to us in considering your application.																	

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your most recent job.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature _____

Date _____