



# EMPLOYMENT APPLICATION

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. Application must be completed in full even if attaching a resume.

POSITION APPLIED FOR: \_\_\_\_\_

DESIRED SALARY: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_

Full Name:		AKA:
Current Address:		How Long:
Home Telephone:	Cell:	Email:

## SCHEDULE

Please keep in mind that schedules and shifts may vary depending on the position, season and business needs. Please list only the times/days that you are available to work below.

Specify Hours Available	SUN	MON	TUES	WED	THURS	FRI	SAT
AM							
PM							

## GENERAL INFORMATION

Are you less than 18 years of age? (If yes, you will need to present a work permit.)	Yes	No
Are you legally eligible for employment in the United States? (Proof will be required.)	Yes	No
Do you have any family members and/or friends at this company? If so, please list under "Information."	Yes	No
Were you referred to this position by anyone? If so, please list under "Information."	Yes	No
Are you able to work overtime?	Yes	No
Have you worked at this company before? If yes, provide job title, location and dates of employment under "Information."	Yes	No
Information:		

## EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Do you have any special licenses, certificates or special training? If so, please list under "Special."			Yes No
Do you have any special skills not listed that are relevant to this position? If so, please list under "Special."			Yes No
Are you proficient with Microsoft Word and Excel?			Yes No
Are you computer literate? If so, list software knowledge under "Special."			Yes No
Special:			

## Work Experience

Begin with your most recent employment [1] and continue with 7 years of past employment (attach additional sheet if necessary)						
1	EMPLOYER	FROM		TO		JOB TITLE
		MO	YR	MO	YR	
NAME OF COMPANY						DESCRIBE YOUR DUTIES
ADDRESS		TELEPHONE				
NAME & TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING				MAY WE CONTACT YOUR EMPLOYER?
2	EMPLOYER	FROM		TO		JOB TITLE
		MO	YR	MO	YR	
NAME OF COMPANY						DESCRIBE YOUR DUTIES
ADDRESS		TELEPHONE				
NAME & TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING				MAY WE CONTACT YOUR EMPLOYER?
3	EMPLOYER	FROM		TO		JOB TITLE
		MO	YR	MO	YR	
NAME OF COMPANY						DESCRIBE YOUR DUTIES
ADDRESS		TELEPHONE				
NAME & TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING				MAY WE CONTACT YOUR EMPLOYER?

### REFERENCES - Give below three (3) references, which you have known for at least one (1) year

NAME:	BUSINESS NAME:	PHONE NUMBER / EMAIL	YEARS AQUAINTED

### PLEASE READ CAREFULLY AND SIGN BELOW:

I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. I further certify that I, the undersigned applicant, have personally completed this application.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, gender bias, national origin, marital status, expunged juvenile records, pregnancy, and any and other characteristic protected by Federal, State or local law.

I authorize the investigation of all statements and information contained in this application. I authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of, or in any way related to such investigation or disclosure.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between myself and the company. In addition, I understand and agree that if I am employed, my employment is at-will, for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding to the company unless made in writing and signed by me and the company's designated representative.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information I have supplied on this application.

Applicant Signature

Printed Name

Date