



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer.

Reasonable accommodations will be provided as required by law.

Last Name	First Name	Middle Initial	Social Security Number
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Street Address	City/State	Zip Code	Phone Number
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If hired, can you provide evidence of legal eligibility to work in the U.S.?	Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.
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Position desired?	Wage/Salary desired?	Have you ever been convicted of a felony?
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Date you can begin work	Are you 18 years of age or older?	If under 18 years of age, you will be required to submit a birth certificate as required by state or federal law.
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Name of high school attended	City/State	Did you receive a degree?	Did you receive a GED?
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Name of college or technical school	City/State	Did you receive a degree?	What was your major?
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Are you presently enrolled in school?	If yes, give name & address of the school and your expected degree.
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List any job-related skills or accomplishments, including military service.

List your availability to work below.

Full time or part time?		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	From:							
	To:							

Total hours per week you are available to work?	Do you have any special requests for a work schedule?
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Provide three refernces who are not former employers who we may contact

Name and Occupation	How do you know this person and for how long?	Phone Number

YOUR EMPLOYMENT HISTORY

List your last three employers, the most recent job listed first.

May we contact current employers before you are offered a position?

Name of employer:	Job titles: Duties:
Address:	Dates of Employment: From: To:
City,State,Zip Code:	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for leaving:
Name of employer:	Job titles: Duties:
Address:	Dates of Employment: From: To:
City,State,Zip Code:	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for leaving:
Name of employer:	Job titles: Duties:
Address:	Dates of Employment: From: To:
City,State,Zip Code:	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for leaving:

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all the information provided in this employment application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I agree to conform to the company's rules and regulations.

I authorize the investigation of any or all statements contained in this application and authorize any person, school, current employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that I have the right to review information provided by previous employers, and have errors corrected by previous employers and a rebuttal statement attached to the alleged erroneous information, if the previous employer and I can not agree on the accuracy of the information.

Signature:	Date: