



Application for Employment

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 _____ DATE OF APPLICATION _____

PERSONAL

PLEASE PRINT USING BALLPOINT PEN			
FIRST NAME	MIDDLE	LAST	
PRESENT ADDRESS	STREET CITY STATE ZIP	HOW LONG	HOME TELEPHONE #
PREVIOUS ADDRESS	STREET CITY STATE ZIP	HOW LONG	MESSAGE TELEPHONE #
IF NO PHONE, HOW MAY WE CONTACT YOU?			
HAVE YOU EVER WORKED FOR THE COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.			
HAVE YOU EVER APPLIED FOR THE COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.			
HOW WERE YOU REFERRED:			

GENERAL INFORMATION

IF YOU ARE UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS: <input type="checkbox"/> YES <input type="checkbox"/> NO
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? YES NO
 IF YES, PLEASE EXPLAIN:

CAN YOU WITH OR WITHOUT REASONABLE ACCOMMODATION PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB? (IF YOU HAVE QUESTIONS ABOUT THE FUNCTIONS OF THIS JOB, PLEASE ASK THE INTERVIEWER BEFORE ANSWERING THIS QUESTION.) YES NO

PLEASE CHECK SCHEDULE AVAILABILITY:
 I am available and desire to work FULL-TIME (32 hours) and do not have restrictions on my hours and days.
 I am available and desire to work PART-TIME

HOURS AVAILABLE:	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

WAGE EXPECTED: _____ DATE AVAILABLE FOR WORK? _____

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHONE NO.		TYPE OF BUSINESS				
NAME & TITLE OF IMMEDIATE SUPERVISOR:						
2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHONE NO.		TYPE OF BUSINESS				
NAME & TITLE OF IMMEDIATE SUPERVISOR						

3	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$		MAY WE CONTACT EMPLOYER? [] YES [] NO
PHONE NO.		TYPE OF BUSINESS				
NAME & TITLE OF IMMEDIATE SUPERVISOR:						
4	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$		MAY WE CONTACT EMPLOYER? [] YES [] NO
PHONE NO.		TYPE OF BUSINESS				
NAME & TITLE OF IMMEDIATE SUPERVISOR:						

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
GRADUATE SCHOOL			1 2 3 4	[] YES [] NO	
BUSINESS. TRADE OTHER			1 2 3 4	[] YES [] NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills, licenses, certifications or other qualifications, which you believe should be considered in evaluating your qualifications for employment.

LICENSES/CERTIFICATIONS:

TYPE/NUMBER/EXPIRATION: _____

TYPE/NUMBER/EXPIRATION: _____

TYPE/NUMBER/EXPIRATION: _____

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? [] YES [] NO

If Yes, please explain _____

BUSINESS REFERENCES

If you do not have previous work experience, please list personal references.

1	NAME	OCCUPATION BUSINESS PHONE ()
	HOME ADDRESS HOME PHONE ()	TITLE RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN
2	NAME	OCCUPATION BUSINESS PHONE ()
	HOME ADDRESS HOME PHONE ()	TITLE RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

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.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

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, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, 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 release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the Company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the CEO, or to make any agreement contrary to the foregoing.

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

APPLICANT SIGNATURE _____ DATE _____

INTERVIEWED BY: _____ DATE: _____