

Application for Employment

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address	
Name (First, MI, Last)	
Mailing Address	Email
City, State, and Zip Code	Telephone
If under 18, please list age	Alternate Phone

Job Type						
Position desired	Date available to begin					
I am seeking a: <input type="checkbox"/> Full-time job <input type="checkbox"/> Part-time job <input type="checkbox"/> Full- or Part-time						
Days/hours available to work: <input type="checkbox"/> No Preference						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Additional Information	
Have you ever been employed by this organization in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to lift 30 pounds or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have reliable transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? If Yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education				
School	Location (Mailing Address)	Years Completed	Major	Degree or Diploma
High School				
College or Trade School				

Military	
Have you even been in the Armed Forces? Yes <input type="checkbox"/> No	Date entered
Are you now a member of the National Guard? Yes <input type="checkbox"/> No	Discharge date
Specialty	

Work Experience

Please include most recent work experience and explain any breaks in employment. Feel free to attach a supplemental schedule to demonstrate additional relevant experience.

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, Zip Code	End Date	Final Salary
Phone Number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? Yes <input type="checkbox"/> No		

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, Zip Code	End Date	Final Salary
Phone Number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? Yes <input type="checkbox"/> No		

References

Please indicate name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

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I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature

Date