Application For Employment

Middle

Name:

Address:

First



I I Social Security Number

Telephone____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Last

Position A	applied For	:	Sa.	lary Desired_	Da	ate Availabl	e		
Do You Prefer Part Time Full Time — Any limitation on Hours or Days Yes No									
Have you ever worked for this company before?YesNo									
Do you presently have relatives working for us?YesNo If yes, give name									
Are you 18 years of age or older?YesNo, If not your birthdate://									
Have you ever been discharged from any position?YesNo, If yes give reason									
Are you currently on "lay off" status and subject to recall?YesNo									
Have you ever been convicted of a crime other than a minor traffic violation?YesNo									
If yes give reason (Having been convicted will not necessarily prevent a person from employment)									
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? YesNo (Proof of citizenship or immigration status will be required upon employment.)									
How did you learn about us? Advertisement FriendEmployment Agency RelativeWalk InOther									
Auv	ernsement	rriend	Emplo	ymem Agency	Kerative	vvaik iii	Other		
Hours Available:									
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
From:									
To:									
WE ARE AN EQUAL OPPORTUNITY EMPLOYER									

Education:

Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16+

School Name			major	Yes	No
High School					
College					
Other					
Employment Exp Start with your present				1	<u> </u>
* Employer		Dates Employed	Work Per	Work Performed	
Address		From To			
Phone Number(s)		Hourly salary			
	Supervisor	Start Final			
Reason For Leaving					
* Employer		Dates Employed From To	Work Performed		
Address					_
Phone Number(s)		Hourly salary Start Final			
Job Title	Supervisor				
Reason For Leaving_					
k Employer		Dates Employed From To	Work Per	Work Performed	
Address					
Phone Number(s)					
Job Title	Supervisor	Start Final			
Reason For Leaving_					
	I. Ii	May we contact the employers list f Not, List business' name here_	sted above?	Yes	No
Give name, address a are not previous emp	and telephone number o	of three references who are			
1					
2					

Certification and Release I Certify that I have read and understand the applicant note on page one of this form andthat the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents including consumer reporting bureaus to verify any of this information including, but not limited to criminal history and motor vehicle driving records. I authorize all persons, school, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever to issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signed	Date
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Course or

Graduate