



Application for Employment

Please "PRINT" using a blue or black "INK PEN" and sign all signature requests.

This employer considers applications 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.

Personal Information

Last	First	MI	Maiden	DOB	SSN
Physical Address			City	ST	ZIP
Mailing Address (If different than Physical)			City	ST	ZIP
Drivers Lic./ID Number	State Issued	Exp. Date	Type of License Operator _____ Chauffeur _____ Comm. DL _____	Number of Accidents in Last 3 Years	Number of Violations in Last 3 Years
Position Applied For				Salary Desired	Hour ____ Month ____ Year ____
				Employment Desired	Full-Time ____ Part-Time ____

1. If you are under 18 years old, can you provide proof of your eligibility to work? Yes or No Explain: _____
2. Have you ever worked with us in the past? Yes or No Explain: _____
3. Are you currently employed? Yes or No Explain: _____
4. May we contact your present employer? Yes or No Explain: _____
5. Have you been convicted of a felony within the last seven years? Yes or No Explain: _____
6. Are you prevented from lawfully becoming employed in this country (U.S.A.) because of Visa or Immigration status? Yes or No Explain: _____

Education

	Name/Location	Last Year Complete				Degree	Major/Emphasis
		9	10	11	12		
High School							
College/University							
Trade School							
Other							
List any other applicable special skills, training or proficiencies.							

-Part-Time or As Needed Basis Acknowledgement-

I understand that I am applying as a part-time or as needed basis employee position, and I am not guaranteed a forty-hour week.

Applicants Signature: _____ Print: _____ Date: __/__/__

Employment History - Please begin with your present or most recent employment. Include military service and volunteer activities.

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Pay			
Reason for Leaving			
May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal References

	Reference 1	Reference 2	Reference 3
Name			
Title			
Address			
City, ST ZIP			
Telephone			

Disclaimer-By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Applicant's Signature: _____ **Date:** _____