

# EMPLOYMENT APPLICATION

It is the policy of this company to provide equal employment opportunities to all applicants and employees without regard to race, color, citizenship status, religion, sex, sexual orientation, marital status, age, national origin, status as an Individual with a disability, or any other legally protected status as a disabled and/or Vietnam Era Veteran and to affirmatively seek to advance the principles of equal employment opportunity.

PLEASE PRINT

NAME \_\_\_\_\_  

LAST
FIRST
MIDDLE INITIAL

ADDRESS \_\_\_\_\_  

STREET
CITY
STATE
ZIP

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

GENERAL INFORMATION	
Are you at least 18 years of age? If not, are you at least 16 years of age? If under 18, can you supply working papers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in this country? <small>(If offered employment, you will be required to provide documentation to verify eligibility)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by this company? If yes, from when to when? From ____/____/____ To ____/____/____ Why did you leave? Please be specific:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime? <small>(A conviction will not automatically disqualify you for employment. Factors such as job relations, seriousness and nature of violation and rehabilitation will be taken into account).</small> If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged from any employment or asked to resign? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Best time to contact you?	_____ AM / PM
Do you have any relatives employed by this company? If yes, name of relative?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CHECK SCHEDULE AVAILABILITY							
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal    Date available for work ____/____/____							
NOTE: Work schedules are based on the needs of the business and are subject to change.							
Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ANY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ANY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ANY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ANY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ANY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ANY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ANY
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ANY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ANY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ANY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ANY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ANY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ANY	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> ANY

How did you hear about the company? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Walkin <input type="checkbox"/> Website <input type="checkbox"/> Other If other, please describe:
--

**SKILLS**

Check if you can do any of the following:     Calculator    Excel    Word    Other

If other, please describe:

**REFERENCES**

NAME	TELEPHONE	OCCUPATION	# OF YRS KNOWN

**EDUCATIONAL BACKGROUND**

NAME AND LOCATION	MAJOR	GRADUATED?	DEGREE
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**MILITARY SERVICE****BRANCH****RANK****DATES OF SERVICE**

YES    NO

**EMPLOYMENT HISTORY**

COMPANY:	FROM   /   /   TO   /   /
ADDRESS:	PHONE #
SUPERVISOR:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
RESPONSIBILITIES:	
COMPANY:	FROM   /   /   TO   /   /
ADDRESS:	PHONE #
SUPERVISOR:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
RESPONSIBILITIES:	
COMPANY:	FROM   /   /   TO   /   /
ADDRESS:	PHONE #
SUPERVISOR:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
RESPONSIBILITIES:	

**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:

**APPLICANT'S STATEMENT**

I authorize, without reservation, any party or agency contacted by this employer or its agents to furnish any of the above-mentioned information or any other information requested. I understand that misrepresentation or omission of facts called for is a cause for dismissal. I understand that as a condition of employment, I may be required to take such medical examinations as may be required by this company or any of its divisions, including drug and alcohol screening. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. Further, I understand and agree that my employment is at will and for no definite period and may be terminated at any time with or without cause upon notice. I understand that any employment by this company will be on a 30-day introductory basis.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_