



APPLICATION FOR EMPLOYMENT

The following information is requested in order to help us evaluate and analyze your skills and ultimately to make the best possible placement within the company. All portions of this application pertaining to you must be completed. The company, in accordance with state and federal laws, does not discriminate applicants for employment because of race, creed, color, national origin, religion, marital status, sex, or disabilities

PERSONAL INFORMATION:

Full Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number _____ Alternate Number: _____

Email Address: _____ Soc. Sec. # _____

When would you be able to begin work? _____ Salary Expected: _____/hour

Have you ever worked for this company? YES [] NO [] If YES, specify _____

Have you ever applied for employment with us? YES [] NO [] If YES, Month & Year: _____

Are you employed now? YES [] NO []. If YES, may we inquire of your present employer? _____

Are you legally eligible for employment in the U.S.? _____

Can you work overtime? _____ Can you work shifts? _____

What type of work are you seeking? [] PART-TIME [] FULL-TIME [] TEMPORARY

Hours available to work: _____

Are you under the age of 18? YES [] NO [] D.O.B. _____

Have you ever been convicted of a felony or misdemeanor crime within the last 10 years? _____

If YES, explain (conviction will not necessarily disqualify you from employment.) _____

EDUCATION	Name & Location of Schools	# Of Years Completed?	Did you Graduate?	Course of Studies
ELEM. SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER				

Are you a student? YES [] NO [] FULL TIME [] PART-TIME []

Are you planning to pursue further studies? YES [] NO [] FULL-TIME [] PART-TIME []

If yes, when and where? _____

FORMER EMPLOYERS (List below last four employers, starting with last one first.)				
DATE: MONTH & YEAR	Name, Address, & phone # of Employer	Salary	Position	Reason For Leaving
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

Which of these jobs did you like the best? _____

What did you like most about this job? _____

REFERENCES: Give the names of three persons not related to you, whom you have known at least 1 year.

NAME	ADDRESS & TELEPHONE NUMBER	BUSINESS	YEARS KNOWN

IN CASE OF EMERGENCY NOTIFY:

 NAME ADDRESS PHONE NUMBER

" I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without writing and signed by the president, has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

SIGNATURE: _____ DATE: _____