



Employment Application

(Please Print or Type)

Applicants Name (Last)	(First)	(M.I.)	SSN (Optional)
Position (s) Applied For			Date of Application
Mailing Address (Number) & Street	City	State	Cell Phone
Permanent Address (If Different)	City	State	Home Phone
Email Address:			

Personal Information:

Position Desired: Full-time Part-Time Temporary Date available to begin working _____

What days of the week and hours can you work?

Day:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From:							
To:							

Please note any other details pertaining to available schedule: _____

How did you hear about the position: _____

Does a family member or friend currently work at this company? If so, please list their name: _____

Have you ever applied to or worked for us before? Yes No
 If yes, when: _____

Employment Eligibility/Work Authorization: (Verification will be required upon hire)

Are you legally eligible to work in the US? Yes No
 If you are under the age of 18, do you have a work permit? Yes No

Employment Application (Continued)

Special Accommodations: See Job Description for job functions

Are you able to perform the essential job functions with or without a reasonable accommodation? Yes No

Education and Training

School Name & Address	Diploma, Certification, Degree, Licenses	# Yrs Attended	Did you Graduate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any other significant information or job related experience

Employment History: Begin with current or most recent employer including all periods of unemployment or temporary employment for the last five years. Please use second sheet if you need more space.

1. Employer Name, Address and Phone

Start Date: _____

End Date: _____

Supervisor's Name and Title: _____

May we contact employer?

Yes No

Responsibilities: _____

Reason for Leaving: _____

2. Employer Name, Address and Phone

Start Date: _____

End Date: _____

Supervisor's Name and Title: _____

May we contact employer?

Yes No

Responsibilities _____

Reason for Leaving _____

3. Employer Name, Address and Phone

Start Date: _____

End Date: _____

Supervisors' Name and Title: _____

May we contact employer?

Yes No

Responsibilities _____

Reason for Leaving: _____

Employment Application (Continued)

References: Please list three business references, not related to you and have known for at least one year.

Name	Address	Occupation	Yrs Known	Phone Number

Acknowledgement and Understanding: Please read carefully, initial each paragraph and sign below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize the company to thoroughly investigate my references, work record, education, and any other matters related to my suitability for employment and, further, authorize the references that I have listed to disclose to the company any and all reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant's Signature & Print Name

Date