

APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

Date:	Position Applied For:
Referral Source: <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other: _____	
Name: _____ <i>First Middle Last</i>	
Mailing Address: _____ <i>Number Street City State Zip</i>	
Home Phone: (____) _____	E-mail address _____
Cell Phone: (____) _____	

If under 18, can you provide a work permit? Yes No

Have you ever filed an application here before? Yes No If yes, give date: _____

Have you ever been employed here before? Yes No If yes, give date: _____

Are you currently employed? Yes No If yes, may we contact your employer? Yes No

Are you legally eligible for employment in the United States? Yes No

Do you have a valid Driver's License? Yes No

Employment desired: Full-Time Part-Time Temporary

When are you available for work? _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes No If yes, please describe in full:

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	CITY/STATE	GRADUATE	YEARS/MAJOR
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	
Occupational License, Certificate or Registration:				
Occupational License, Certificate or Registration:				

MILITARY
Are you a veteran of the United States military service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch?
If yes, Dates of Service:
Please describe any special skills or training acquired:

COMPUTER SKILLS				
Check off those computer skills with which you are proficient				
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft Outlook	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Windows	<input type="checkbox"/> Quick Books
List other special skills, e.g. fluency in other languages, licenses, computer skills, special training, etc.				

WORK EXPERIENCE*List your work experience beginning with your **most recent** job, attach resume if needed.*

Employer:		May we contact?	Dates Employed:	Supervisor:
Address:		<input type="checkbox"/> Yes <input type="checkbox"/> No	From: To:	Name: Number:
Position:		Reason for Leaving:		Salary:
Duties:				
Employer:		May we contact?	Dates Employed:	Supervisor:
Address:		<input type="checkbox"/> Yes <input type="checkbox"/> No	From: To:	Name: Number:
Position:		Reason for Leaving:		Salary:
Duties:				
Employer:		May we contact?	Dates Employed:	Supervisor:
Address:		<input type="checkbox"/> Yes <input type="checkbox"/> No	From: To:	Name: Number:
Position:		Reason for Leaving:		Salary:
Duties:				

REFERENCES*Please list two references other than relatives or previous employers.*

NAME	OCCUPATION	PHONE	RELATIONSHIP

WAIVERS AND DISCLOSURES

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions shall be sufficient cause for denial of employment or discharge. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts is cause for dismissal at any time without any previous notice. I hereby give this organization permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release this organization from any liability as a result of such contact.

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired; my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

I understand that, in connection with the routine processing of my employment application, this organization may request from a consumer reporting agency an investigative consumer report including information as to my credit records. Upon written request from me, this organization will provide me with additional information concerning the nature and scope of any such report requested.

PLEASE SIGN HERE: _____ Date _____