

An Equal Opportunity Employer APPLICATION FOR EMPLOYMENT

The Company will make every effort to meet a request for disability accommodation. If you require accommodation to participate in our application process, please contact our office.

Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered. PLEASE PRINT.

Job Applied For _____ Today's Date _____

Employment status sought: Full-time Part-time Temporary Seasonal

When are you available for employment? _____

PERSONAL DATA

Last Name First Name Middle Initial

Present Street Address City State Zip Code

Telephone Number Cell Number

Email Address

Emergency Contact Name Telephone Number

Are you at least 18 years of age? Yes No

Have you ever applied here before? Yes No When? _____

Were you ever employed here? Yes No When? _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name and supply business references. If you worked in any of the positions under another name, please give name(s). PLEASE GIVE MONTH AND YEAR.

Employer	Supervisor	Salary Start: _____ End: _____
Address		Phone
Dates Employed From: _____ To: _____	Position Held	Reason For Leaving
Duties:		

Employer	Supervisor	Salary Start: _____ End: _____
Address		Phone
Dates Employed From: _____ To: _____	Position Held	Reason For Leaving
Duties:		

Employer	Supervisor	Salary Start: _____ End: _____
Address		Phone
Dates Employed From: _____ To: _____	Position Held	Reason For Leaving
Duties:		

Employer	Supervisor	Salary Start: _____ End: _____
Address		Phone
Dates Employed From: _____ To: _____	Position Held	Reason For Leaving
Duties:		

Name, Address and Location of School	Highest Grade Completed	Did You Graduate?
High School: _____ _____		
College or University: _____ College Major: _____ Degree: _____		
Additional Educational and/or Vocational or Technical Training Information School: _____		
School: _____		
School: _____		

QUALIFICATIONS & SPECIAL SKILLS

How did you hear about this position?

REFERENCES

Provide three ~~references, not relatives or former employers.~~

Name	Address	Phone	Yrs. Acquainted	Occupation

AFFIDAVIT

I certify that, to the best of my knowledge the information contained in this applications is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand that, if I am hired, I must produce applicable documents showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, educational institutions, and other references listed or not listed on this applications my be contacted by the Company. These references are authorized to give the Company any and all pertinent information they may have. I release all persons or entities involved, including the Company, from all liability arising from this contact and provision of information.

I agree to submit to any post-offer, pre-employment testing or physicals, as required by the Company.

I authorize the Company to conduct a criminal history check and understand the unexpunged criminal convictions may be considered by the Company in making hiring decisions.

I agree to conform to all the Company's policies, rules and procedures.

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between the Company and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and the Company has the same right.

Signature: _____

Date: _____