



DATE OF APPLICATION

MONTH	DAY	YEAR
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APPLICATION FOR EMPLOYMENT
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

(PRINT) LAST NAME	FIRST	MIDDLE	OTHER NAMES USED AT WORK/SCHOOL
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PRESENT ADDRESS	CITY	STATE	ZIP	TELEPHONE NO.	
				DAYS	EVENINGS

IF OFFERED EMPLOYMENT, CAN YOU PROVIDE PROOF OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES NO

ARE YOU 16 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF UNDER 18 YEARS OF AGE, CAN YOU FURNISH A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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POSITION DESIRED	SALARY DESIRED	DATE AVAILABLE
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OTHER WORK IN WHICH INTERESTED	AVAILABLE TO WORK: SUN <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/>
	HOURS: _____
	NO AVAILABILITY ON THESE DATES: _____

LOCATION PREFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF TRAVEL IS REQUIRED, HOW MUCH ARE YOU WILLING TO DO?
	NONE OCCASIONAL REQUEST

HAVE YOU WORKED FOR THIS COMPANY BEFORE?	HOW DID YOU HEAR ABOUT US?
LOCATION _____	— EMPLOYEE REFERRAL (NAME) _____
DATE _____	— JOB FAIR — NEWSPAPER/MAGAZINE AD — EMPLOYMENT AGENCY
	— SCHOOL — WALK IN — INTERNET

EDUCATION						
NAME OF SCHOOL	CITY & STATE	DATES		GRADUATED? OR NUMBER YRS. COMPLETED	G.P.A.	DEGREE
		FROM	TO			
HIGH SCHOOL						
COLLEGE						
OTHER SCHOOL(S) - TRADE						
RELATIVES EMPLOYED BY THIS COMPANY	RELATIONSHIP	DEPARTMENT / LOCATION				

JOB RELATED SKILLS OR SPECIAL LICENSES, MEMBERSHIPS RELEVANT TO EMPLOYMENT
 (DO NOT LIST ANY ORGANIZATION WHICH WOULD INDICATE RACE, COLOR, CREED, AGE, RELIGION, SEX, MARITAL STATUS OR PHYSICAL HANDICAP)

EMPLOYMENT RECORD List all jobs for past Ten (10) years, starting with the most recent.

Date of Employment		Firm Name & Address	Rate of Pay	Supervisor	Job Title and Responsibilities	Reason for Leaving
From	To					
		Name _____ Street _____ City, St. & Zip _____ Phone () _____				
		Name _____ Street _____ City, St. & Zip _____ Phone () _____				
		Name _____ Street _____ City, St. & Zip _____ Phone () _____				
		Name _____ Street _____ City, St. & Zip _____ Phone () _____				
		Name _____ Street _____ City, St. & Zip _____ Phone () _____				
		Name _____ Street _____ City, St. & Zip _____ Phone () _____				

IF PRESENTLY EMPLOYED, MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

During the past Ten (10) years, have you been convicted of a crime (excluding misdemeanors and traffic violations)? YES NO
 A conviction will not necessarily disqualify you for this position.

APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION:

I authorize investigation of all statements contained in the application upon offer of employment. I hold free from liability all former employers and persons named herein, who may, in response to inquiries made by the Company, furnish true information pertaining to my reputation, employment, and health history. I agree to furnish necessary additional information to complete required records. I further agree and understand that any misrepresentation by me in this application shall result in my immediate termination. Prior to beginning work, I understand that I will be required to complete an Employment Eligibility Form (I-9) and present evidence of identity and employment eligibility to work in the U.S. I understand that employment with the Company is at will and can be terminated by either party at any time, with or without cause or notice. I further acknowledge that no Company representative has the authority to offer me permanent employment.

Signature of Applicant _____ Date _____

