



# APPLICATION FOR EMPLOYMENT

## GENERAL INFORMATION

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: (No. & Street) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Are you at least 18 years old?  YES  NO

Are you a U.S. Citizen?  YES  NO

If no, type of visa/work permit: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Type of Employment Desired:  Full-time  Part-time

How did you learn of the position opening?

Walk-In  Advertisement  Job Service  Other

Will you work overtime if asked?  YES  NO

Are you available for evening shift, weekend and holiday work if asked?  YES  NO

If no, specify which time you could not work: \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO

If yes, please explain date, location, and offense: \_\_\_\_\_

*(A yes does not automatically disqualify you from employment. All circumstances will be considered.)*

## EDUCATION

High School: \_\_\_\_\_

Grades Completed:  9  10  11  12

City/ State: \_\_\_\_\_

Business/ Trade: \_\_\_\_\_

# Years Completed: \_\_\_\_\_

City/ State: \_\_\_\_\_

Major: \_\_\_\_\_

College/University: \_\_\_\_\_

# Years Completed: \_\_\_\_\_

City/ State: \_\_\_\_\_

Degree: \_\_\_\_\_

College/University: \_\_\_\_\_

# Years Completed: \_\_\_\_\_

City/ State: \_\_\_\_\_

Degree: \_\_\_\_\_



**EMPLOYMENT HISTORY**

List the last three (3) positions you have held, starting with your most current employment. If more space is needed to respond, please attach additional paper to the application **DO NOT WRITE "SEE RESUME."**

**IF YOU HAVE A RESUME, YOU MAY ATTACH IT IN ADDITION TO COMPLETING THIS SECTION.**

Date From \_\_\_\_\_ Date To \_\_\_\_\_

**Employer Information**

May we contact:  YES  NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Position Held/Duties**

Position: \_\_\_\_\_ Duties: \_\_\_\_\_

Current/last pay rate: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

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Date From \_\_\_\_\_ Date To \_\_\_\_\_

**Employer Information**

May we contact:  YES  NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Position Held/Duties**

Position: \_\_\_\_\_ Duties: \_\_\_\_\_

Current/last pay rate: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

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Date From \_\_\_\_\_ Date To \_\_\_\_\_

**Employer Information**

May we contact:  YES  NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Position Held/Duties**

Position: \_\_\_\_\_ Duties: \_\_\_\_\_

Current/last pay rate: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Please give the names of three (3) professional references who are not relatives.

Name	Occupation/Company	Phone No.	Relationship (Supervisor, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CERTIFICATION AND AGREEMENT - Read Carefully and Sign**

I certify that all the information I have provided on this application and accompanying document is true and correct.

I authorize all previous employers to furnish Employer, to the extent permitted by Federal and State law, my reason for leaving, my performance history, and all other information they may have concerning my employment with them. I also understand that my employment may be contingent upon satisfactory completion of credit, educational, and criminal background checks. I release all of my previous employers, educational institutions, and criminal background checks. I release all of my previous employers, educational institutions, credit agencies, and Employer from all liability that may arise from such investigations.

By signing this application I authorize Employer to make investigations and I indicate my awareness that false statements or failures to disclose certain information may be sufficient to disqualify me from employment, or if employed, may result in my dismissal.

I understand that employment is at will, that it is not guaranteed at any term, and that my employment may be terminated by Employer or myself at any time and for any reason. I understand that neither this form nor statements by representatives of Employer constitutes an employment contract.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date