

EMPLOYMENT APPLICATION

**This is an Equal Opportunity Employer*

DATE _____

POSITION APPLYING FOR _____

DATE AVAIL FOR WORK _____

Last Name First Name Middle Initial Social Security Number

Physical Address City State Zip Code

Would you like your paycheck mailed to your primary address? If not, list address where you check can be mailed below:

Mailing Address City State Zip Code

HOME PHONE (_____) _____ MOBILE/OTHER (_____) _____

E-Mail Address _____ If asked, are you willing and able to work overtime? YES ☐ NO ☐

EMPLOYMENT DESIRED: Full-time ☐ Part-time ☐ Temporary ☐ SALARY REQUIREMENT \$ _____

HOURS AVAILABLE FOR WORK:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

HOW DID YOU HEAR ABOUT US? _____

WORK EXPERIENCE

CURRENT Company Name	Telephone
Address	Dates From/To
Name of Supervisor	Pay Rate
Job Duties	Reason For Leaving

May we contact this employer ? ☐ YES ☐ NO

Company Name	Telephone
Address	Dates From/To
Name of Supervisor	Pay Rate
Job Duties	Reason For Leaving

May we contact this employer ? ☐ YES ☐ NO

Company Name	Telephone
Address	Dates From/To
Name of Supervisor	Pay Rate
Job Duties	Reason For Leaving

May we contact this employer ? ☐ YES ☐ NO

EDUCATION

Type of School	Name of School	Location	Completed Y/N?
High School			
College			
Business/Trade			
Professional			

DO YOU HAVE A VALID DRIVER'S LICENSE?

Driver's license number _____ State _____ Expiration Date _____

YES ☐ NO ☐

HAVE YOU HAD ANY ACCIDENTS/ MOVING VIOLATIONS DURING THE PAST THREE YEARS?

YES ☐ NO ☐

(If so, please explain) _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?

YES ☐ NO ☐

ARE YOU EMPLOYED NOW?

YES ☐ NO ☐

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?

YES ☐ NO ☐

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST SEVEN YEARS?

YES ☐ NO ☐

(If YES, please give year convicted, what you were charged with, and current status of charge)

IF YOU APPLY FOR A POSITION THAT REQUIRES, BENDING, STOOPING OR STANDING FOR LONG

PERIODS OF TIME, ARE YOU ABLE TO PROPERLY DO THE JOB WITH OR WITHOUT ACCOMODATIONS?

YES ☐ NO ☐

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I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION (and any attachment) IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION HEREIN, REGARDLESS OF TIME OF DISCOVERY, MAY CAUSE FORFEITURE ON MY PART OF ANY EMPLOYMENT IN THE SERVICE OF THE COMPANY. I UNDERSTAND THAT ALL INFORMATION ON THIS APPLICATION (&/or attachment) IS SUBJECT TO VERIFICATION.

I FURTHER AUTHORIZE THE COMPANY TO RELY UPON AND USE, AS IT SEES IT, ANY INFORMATION RECEIVED FROM SUCH CONTACTS.

I ACKNOWLEDGE THAT BY COMPLETING THIS APPLICATION IT DOES NOT GUARANTEE EMPLOYMENT. ALL APPLICATIONS ARE SUBJECT TO PERSONNEL REVIEW AND DETERMINATION OF THE APPLICANT MEETING OUR HIRING REQUIRMENTS.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE.

SIGNATURE _____ DATE _____

*Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.
Thank you for completing this application and for your interest in our business.*
