



Application for Employment

Name:		Date:
Address:		
Home Telephone:		Mobile Telephone:
Email Address:		
If you are under 18, can you provide an employment/age certification or state ID? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are you eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date available for work:		
Position desired:		Salary desired:
How many hours can you work weekly?:		Can you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you learn about our company?		
Employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Full- or Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		

Education

For each level of schooling listed below, please give the school name, city, state where located, the year(s) attended, your major and minor subjects, and degree(s) or certification(s) received. Please list any aliases or maiden names under which you attended any of the listed educational facilities, or obtained certifications or degrees.

Type of School	Name of School	Location (complete address)	Number of years attended	Major, degree, or certification obtained
High School				
College/University				
Business or Trade School				
Professional School				

Business-Related References

Name	Title	Relationship	Phone	Years Known

Work Experience

Employer:		Job Title:		
Dates Employed:	From:	To:	Previous Position within the company, if any:	
Address:				
Phone:		Supervisor:		Supervisor's Title:
Duties Performed:				
Reason for Leaving:				

Employer:		Job Title:		
Dates Employed:	From:	To:	Previous Position within the company, if any:	
Address:				
Phone:		Supervisor:		Supervisor's Title:
Duties Performed:				
Reason for Leaving:				

Employer:		Job Title:	
Dates Employed:	From:	To:	Previous Position within the company, if any:
Address:			
Phone:	Supervisor:		Supervisor's Title:
Duties Performed:			
Reason for Leaving:			

Application Form Waiver

Please read carefully.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company may be subject to a probationary period. I understand that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Applicant Signature:	Date:
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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.