

# Application for Employment

We are an equal opportunity employer. We comply with all applicable Federal, State, and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Position(s) applied for \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Social Sec. # \_\_\_\_\_

Driver's license # \_\_\_\_\_ State \_\_\_\_\_

If you are under 18 can you furnish work permit and parent approval? \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ When? \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_

Date available for work \_\_\_/\_\_\_/\_\_\_

Type of employment desired: \_\_\_ full time, \_\_\_ part time, \_\_\_ temporary, \_\_\_ seasonal

Are you able to meet the attendance requirements for the position? \_\_\_\_\_

Have you been convicted for a crime in the last 7 years? \_\_\_\_\_ If yes explain \_\_\_\_\_

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## Work Experience List present and previous employers beginning with the most recent.

Employer: \_\_\_\_\_ Dates worked \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor name \_\_\_\_\_ Hourly rate \_\_\_\_\_  
Summarize nature of job \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer: \_\_\_\_\_ Dates worked \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor name \_\_\_\_\_ Hourly rate \_\_\_\_\_  
Summarize nature of job \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer: \_\_\_\_\_ Dates worked \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor name \_\_\_\_\_ Hourly rate \_\_\_\_\_  
Summarize nature of job \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer: \_\_\_\_\_ Dates worked \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor name \_\_\_\_\_ Hourly rate \_\_\_\_\_  
Summarize nature of job \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## Skills and Qualifications

Summarize any training, skills, experience, licenses, or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

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## Record of Education

High School \_\_\_\_\_ Yrs Comp. \_\_\_\_\_ Grad Date \_\_\_ / \_\_\_ / \_\_\_

College \_\_\_\_\_ Yrs Comp. \_\_\_\_\_ Grad Date \_\_\_ / \_\_\_ / \_\_\_

Other \_\_\_\_\_

## Personal References

Name \_\_\_\_\_ Phone \_\_\_\_\_ Yrs Known \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Yrs Known \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Yrs Known \_\_\_\_\_

### ***To be completed by all applicants- please read carefully before signing***

I certify that the information contained in this application and in any resume provided by me or any party representing me is correct and complete to the best of my knowledge. I understand that any false statements, misrepresentations or omissions made by me on this application or any supplement, will be sufficient grounds for rejection of this application or discharge after employment

I give the employer the right to obtain pertinent information concerning me from former employer and others, and I release all those providing or requesting such information from any liability that may arise by truthful disclosure or such investigations.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment any time with or without cause and without prior notice, as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I'm hired, I will be required to provide proof of identity and legal work authorization.

Your Signature acknowledges you have read and agree with the material above.

Applicant's signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_