



**APPLICATION FOR
EMPLOYMENT**

revised 1-28-15

ANSWER ALL QUESTIONS- PLEASE PRINT

DATE OF APPLICATION _____

Position(s) Applied For: _____

Referral: Advertisement: _____ Employment Agency: _____
Friend/Relative: _____ Other: _____

Name: _____
Last First Middle

Address: _____
Street Apt # City State Zip

Primary Phone #: _____ Alternate Phone # _____

Contact person in case of an emergency: _____ Phone # _____

Are You Known To Schools / References by Another Name
(Nickname, Maiden Name) Yes No

If So, By What Name: _____

Have You Filed An Application With Us Before? Yes No Date

Have You Been Employed With Us Before? Yes No Date

Are You Legally Authorized To Work In The United States? Yes No

Are You Available To Work? Full Time Part Time Saturday's

Do Any Of Your Friends Or Relatives Work Here? Yes No

If Yes, List Name(s) And Relationship. _____

Are You 18 Years Of Age Or Older? Yes No

Are You On Layoff And Subject To Recall? Yes No

What Is Your Desired Salary Range? _____

Are You Able To Lift 100 lbs? Yes No

Do You Have Any Problems With Height? Yes No

Are You A Veteran?
Which Branch? _____

Yes

No

Do You Have A Valid Driver's License?

Yes

No

Drivers License Number _____

List Trade Or Professional Organizations Of Which You Are A Member, Including Offices Held. (You may exclude membership which would reveal gender, race, national origin, age, ancestry, disability or other protected status).

(1) Name _____ Phone _____
 (2) Name _____ Phone _____
 (3) Name _____ Phone _____

Give Name And Phone Number Of Three Work Related/Professionals references not related to you.

(1) Name _____ Phone _____
 (2) Name _____ Phone _____
 (3) Name _____ Phone _____

EDUCATION	ELEMENTARY	HIGH SCHOOL	COLLEGE	GRADUATE
School Name and City & State				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma Degree				
Describe Course Of Study				
Describe specialized Training, Apprenticeship, Skill's, Extra Circular activities				

List each job held. Start with your PRESENT or LAST job. Include military service assignments and volunteer activities. This section needs to be completed even if you are submitting a resume. If you need additional space, please continue on a separate sheet of paper.

(1) Employer	Dates/ Mo Yr From To	Work Performed
Address/ Phone Number		
Job Title		
Supervisor	Hourly Rate	
Reason For Leaving		

(2) Employer	Dates/ Mo Yr From To	Work Performed
Address/ Phone Number		
Job Title		
Supervisor	Hourly Rate	
Reason For Leaving		

(3) Employer	Dates/ Mo Yr From To	Work Performed
Address/ Phone Number		
Job Title		
Supervisor	Hourly Rate	
Reason For Leaving		

(4) Employer	Dates/ Mo Yr From To	Work Performed
	Address/ Phone Number	
	Job Title	
Supervisor	Hourly Rate	
Reason For Leaving		

Summarize special job related skills and qualifications acquired from employment or other experiences:

AGREEMENT BY APPLICANT

I certify that the answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any misleading or incorrect statements may render this application void, and if employed, would subject me to termination whenever disclosed.

I authorize the persons and organizations named above in this application to give any information regarding my employment, character and qualifications, together with any information they may have regarding me, regardless of whether it is in their records. I hereby release said companies, schools or persons from any and all liability for any damage flowing from issuing of this information.

I authorize the company to release to other prospective and governmental authorities any information regarding my employment with the Company or other information set forth in this application or gained by the company from other companies, schools, or persons named in this application, and to give out any information regarding my employment, character, qualifications, and information they may have regarding me regardless of whether it is in their records. I hereby release the Company from any and all liability for any damage flowing from issuing this information.

I have read the attached job description and understand what is required of me in this position. If I am unable to perform the jobs specified in the job description, my position may be terminated.

I understand that prior to any job offer a criminal background check must be conducted. By signing below, I authorize the Company to conduct a criminal background check.

Signature of Applicant

Date