

APPLICATION FOR EMPLOYMENT

(please answer all questions)

We are an equal opportunity employer. Applicants, please read the notice at the bottom of the page before filling out any questions on this application form



NAME: LAST FIRST MIDDLE

PRESENT ADDRESS CITY STATE ZIP

PHONE NUMBER POSITION APPLIED FOR

EMAIL ADDRESS

Are you 18 years or older: YES NO If not, state date of birth: ____ / ____ / ____

Please list any name changes we should know about in order to verify job or education history. Previous Name: _____

Do you have transportation to and from work?: YES NO

When are you available to work?

Day	Time you can start	Time you can work until
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

How many hours per week would you prefer to work? _____

How many days per week would you prefer to work? _____

What date can you start your employment, if hired? ____ / ____ / ____

How did you hear about this current position? _____

Are you currently employed? YES NO

NOTICE: We are an equal opportunity employer and fully subscribe to the principles of equal opportunity. It is our policy to seek and employ the best qualified personnel in all positions without regard to race, color, religion, age, sex, disability, national origin or any other basis made unlawful by either state or federal law. It is our policy to comply with all federal and state employment statues. Information requested on this application will not be used for any purpose prohibited by law.

EDUCATION

Schooling	Name of School	City School is in	Grade or Degree Completed	Did you Graduate?
High School				
College or University				
Military Service School				
Others (Specify)				

PREVIOUS EXPERIENCE

(Please list your most recent employer first)

Name and City of the Company	Your Position	Employment Dates (MM/YY - MM/YY)	Reason For Leaving	Wage
		/ - /		
		/ - /		
		/ - /		
		/ - /		

Are there any job duties that you would be unable to perform?

Is there anything we could do to accommodate you so you could perform all the required job duties?

Have you ever been convicted of a crime other than a minor traffic violation? YES NO

If yes, please explain: _____

Have you applied or worked for this company before? YES NO If yes, when? _____

IN CASE OF EMERGENCY, PLEASE NOTIFY (NAME, ADDRESS, PHONE) RELATIONSHIP, IF ANY

1. I authorize investigation of all statements contained in this application
2. I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the foregoing inquiries
3. I have read these statements and answers to these inquiries. YES NO

Signature:

Date:
