

# Application For Employment

We are an Equal Opportunity Employer.

Please print legibly. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

## Personal Information

Name

Address	City	State	Zip
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Phone Number	Cell Number	Email Address
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Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:
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Are You a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have You Ever Been Convicted of a Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Selected for Employment Are You Willing to Submit to a Pre-Employment Drug Screening Test?  
Yes  No

Have you ever been discharged or asked to resign from any position? Yes  No   
If yes, please describe:

Emergency Contact: (Name, Address and Phone)

## Position

Position You Are Applying For	Available Start Date	Desired Pay
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Availability:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Total Hours Available per Week: \_\_\_\_\_

## Education

School Name	Location	Dates Attended	Did you Graduate?	Degree

## References: (Persons not related to you and whom you have known at least one year)

Name	Address	Phone	Years Acquainted

## Employment History: (Start with the Most Recent or Current)

<b>Employer (1)</b>	Job Title	Dates Employed
Work Phone	Supervisor Name and Title	Ending Pay Rate
Address	Reason for Leaving	
<b>Employer (2)</b>	Job Title	Dates Employed
Work Phone	Supervisor Name and Title	Ending Pay Rate
Address	Reason for Leaving	
<b>Employer (3)</b>	Job Title	Dates Employed
Work Phone	Supervisor Name and Title	Ending Pay Rate
Address	Reason for Leaving	
<b>Employer (4)</b>	Job Title	Dates Employed
Work Phone	Supervisor Name and Title	Ending Pay Rate
Address	Reason for Leaving	

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. If this application leads to employment, I understand that false or misleading information in my application or interview may result in termination. I acknowledge that, if employed, both the company and I have the right to terminate the employment relationship at any time, with or without cause or advanced notice. This employment at will relationship will remain in effect throughout my employment with the company and may not be modified by any oral or implied agreement.

Name (Please Print)	Signature
Date	