

Employment Application

Application Date _____

_____	_____	_____	_____
Last Name	First Name	Middle	Social Security Number
_____	_____	()	()
Street Address	City, State, Zip	Home Phone	Other Phone

Have you previously applied for a position or worked for our Company? yes no (If yes, please list dates and location of previous employment):

Are you 18 years old or older? <input type="checkbox"/> yes <input type="checkbox"/> no	Can you show proof of your eligibility to work in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no	Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain
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Are there any special circumstances necessary for you to perform the job for which you are applying? yes no (If yes, please explain):

EMPLOYMENT DESIRED

_____	_____	\$ _____	_____
Position Desired	# hrs/wk and days of the week you are available	Salary Expected	Start Date
_____	_____	\$ _____	_____
Secondary Position	# hrs/wk and days of the week you are available	Salary Expected	Start Date

EDUCATION

Circle highest grade or # of years completed	Grade School 4 5 6 7 8	High School 9 10 11 12	Jr College 1 2 3	College 1 2 3 4 5 6 7
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_____	_____	_____	_____
High School	City, State, Zip	Graduate?	Diploma
_____	_____	_____	_____
College	City, State, Zip	Graduate?	Diploma or Degree
_____	_____	_____	_____
Other School	City, State, Zip	Graduate?	Diploma or Degree

Summarize any experience, knowledge, skills, abilities, or specialized training you would like us to know about:

EMPLOYMENT HISTORY (List most recent employer first. This section must be completed even if a resume is attached)

From: _____	Company Name: _____	Reason For Leaving: _____
To: _____	City, State, Zip: _____	_____
Starting Wage: \$ _____	Phone Number: _____	_____
Ending Wage: \$ _____	Supervisor Name: _____	May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N

EMPLOYMENT HISTORY (Continued)

From: _____	Company Name: _____	Reason For Leaving: _____
To: _____	City, State, Zip: _____	_____
Starting Wage: \$ _____	Phone Number: _____	_____
Ending Wage: \$ _____	Supervisor Name: _____	May we contact this employer? <u> </u> Y <u> </u> N

From: _____	Company Name: _____	Reason For Leaving: _____
To: _____	City, State, Zip: _____	_____
Starting Wage: \$ _____	Phone Number: _____	_____
Ending Wage: \$ _____	Supervisor Name: _____	May we contact this employer? <u> </u> Y <u> </u> N

Please account for any periods of unemployment in the space provided below:

From: _____	Explanation: _____
To: _____	_____
From: _____	Explanation: _____
To: _____	_____

PLEASE READ AND INITIAL EACH SECTION LISTED BELOW

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for my dismissal. _____ (Applicant's Initials)

I authorize investigation of all statements contained herein and references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. _____ (Applicant's Initials)

I understand that, if I am hired, telephone communications I make in the course of my employment may be monitored by the Company for training and evaluation purposes. _____ (Applicant's Initials)

Applicant Signature: _____ Date: _____