

# APPLICATION FOR EMPLOYMENT



## An Equal Opportunity Employer

Last Name	First Name	Middle Initial	Phone Number:				
Street Address	City/State	Zip Code	Secondary Phone No:				
If hired, can you provide evidence of legal eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.				
Position Desired:	Wage/Salary Desired:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time					
Date you can begin work?		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, where and when?		If so, reason for leaving?		If so, name of last supervisor at this company?			
How did you find out about this position?							
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Online Add <input type="checkbox"/> Other: _____ <input type="checkbox"/> Newspaper Add <input type="checkbox"/> Walk In <input type="checkbox"/> Craigslist							
Name of high school attended:		City & State	Graduate?	GED?			
Name of college or technical school:		City & State	Graduate?	Degree? Major:			
List any job-related skills or accomplishments, including military service:							
<b>- Your Availability For Work -</b>							
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>From:</b>							
<b>To:</b>							
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule?				

## Employment History

List names of employers starting with most recent

May we contact your current and or past employers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer:	Job Title:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title:
Address:	Dates of Employment: From: _____ To: _____

City, State, Zip Code	Hourly pay or salary: Starting pay:                      Ending pay:
Supervisor:  Telephone:	Reason for Leaving:

Name of Employer:	Job Title:
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Address:	Dates of Employment: From:                                      To:
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City, State, Zip Code	Hourly pay or salary: Starting pay:                      Ending pay:
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Supervisor:  Telephone:	Reason for Leaving:
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**References**

Name	Business	Phone Number

**CAREFULLY READ THE STATEMENT BELOW BEFORE SIGNING**

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I have read, understood, and agree to the above statement.

Signature:	Date:
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