



Employment Application

APPLICANT INFORMATION

Last Name		First		M.I.	Date		
Street Address					Apartment/Unit #		
City		State		ZIP			
Phone		E-mail Address					
Date Available		Social Security No.		Desired Salary			
Position Applied for							
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		What position?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			
Do you have reliable transportation to Work?		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Days available for work?		MON <input type="checkbox"/>	TUE <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>
Are you seeking:		Full Time <input type="checkbox"/>		Part-time <input type="checkbox"/>		If Part-Time, what hours? _____	

EDUCATION

Grammar School		Last year completed:		5 th	6 th	7 th	8 th
High School	Graduated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Last year completed:	9 th	10 th	11 th
College	Graduated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Last year completed:	1	2	3
Trade or Business	Completed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Last year completed:	1	2	3

List any special training, skills or experience: _____

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

Acknowledgement:

I certify that the answers and statements of this application are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) will be sufficient grounds for immediate discharge, if I am employed.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or veteran status, or any other legally protected status.

Nothing in this application constitutes an offer of employment or a contract of employment. I understand that if employed, there is no employment contract for a definite duration. I understand that my employment is at-will. I have a right to terminate my employment at any time for any reason, and employer has a similar right. I understand no employer policy, practice, or statement by the employer representative shall limit or alter the at-will relationship. I understand that the rules, regulations, policies, practices and procedures of the employer are advisory in nature and may be changed by the employer at any time without notice and cannot be relied upon as a basis for a contract of employment. I understand that that there will be a probationary period of 90 days from the date of employment.

Signature	Date
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