



Application for Employment

PLEASE PRINT

DATE

NAME (FIRST, MIDDLE INITIAL, LAST)			
ADDRESS		CITY	STATE ZIP
TELEPHONE NO. – HOME	TELEPHONE NO. – CELLULAR	TELEPHONE NO. – WORK	EMAIL ADDRESS
POSITION DESIRED		TYPE OF POSITION <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	EARNINGS EXPECTED PER HOUR. \$
SHIFT APPLYING FOR	HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST DATES:		
DATE AVAILABLE FOR EMPLOYMENT	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: (CONVICTIONS ARE NOT AN ABSOLUTE BAR TO EMPLOYMENT BUT WILL BE CONSIDERED IN RELATIONSHIP TO THE JOB REQUIREMENTS.)			

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE MAJORED IN, GIVE DEGREE	CHECK LAST YEAR COMPLETED				GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LAST YEAR ATTENDED
			1	2	3	4		
HIGH SCHOOL			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1	2	3	4		
BUSINESS OR TRADE SCHOOL			1	2	3	4		

SPECIAL SKILLS OR QUALIFICATIONS

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS, VOLUNTEER ACTIVITIES, MILITARY EXPERIENCE, EMPLOYMENT OR OTHER ACTIVITIES RELATED TO THE JOB YOU ARE SEEKING (I.E. TYPING SPEED, COMPUTER SKILLS, DRIVING EXPERIENCE, ETC.):

TYPE OF EXPERIENCE	YRS.	MOS.	TYPE OF EXPERIENCE	YRS.	MOS.

PROFESSIONAL REFERENCES

NAME – DO NOT LIST RELATIVES	ADDRESS	PHONE NUMBER

conditions of employment, except as specifically stated in a current written agreement signed by the President of the company.

6. I authorize the company to verify any of the information furnished by me including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies or organizations and law enforcement agencies to give you complete information and records regarding my employment, education, character and qualifications and hereby release any said persons, schools, companies or organizations and law enforcement agencies from any liability for any damage whatsoever for providing this information.

SIGNATURE OF APPLICANT _____ DATE _____

All information acquired through this application process will be used by the company solely for the determination of the applicant's qualifications for employment. This application is valid for 90 days from the date above. Future considerations require additional applications.