



APPLICATION FOR EMPLOYMENT

As an Equal Opportunity employer, we comply with all applicable Federal, State and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

PLEASE PRINT!!!

Position(s) applied for _____ Date _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Phone _____ Mobile/Beeper/Other Phone _____ Social Sec. # _____

Email address _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If not, please explain. _____

Have you ever been employed here before? Yes No Date Available? _____

Are you legally eligible for employment in this country? Yes No

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational/Co-Op

Are you able to meet the attendance requirements for the position? Yes No

Have you been convicted of a crime in the last 7 years? Yes No

If yes, please explain. _____

Driver's license number if driving is an essential job function: _____ State: _____ Expires: _____

WORK EXPERIENCE List present and former employers beginning with the most recent.

FROM	TO	EMPLOYER	PHONE
YOUR JOB TITLE		EMPLOYER'S ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES.	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL \$ _____ PER <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

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QUALIFICATIONS

Please note any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EDUCATION

NAME & LOCATION	YRS COMP	GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

NAME	PHONE	YEARS KNOWN

Please read the following carefully before signing this application.

I certify that the information contained in this application and in any resume provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements or omissions made by me on this application or any supplement thereto, will be sufficient grounds for rejection of this application or discharge after employment.

I give the employer the right to obtain pertinent information concerning me from former employers and others, and I release all those providing or requesting such information from any liability that may arise from truthful disclosures or such investigations.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that such assurances must be in writing and signed by an authorized officer.

I understand that it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

Your signature below acknowledges that you have read and agree to the statements above.

Applicant's Signature _____

Date _____