

APPLICATION FOR EMPLOYMENT



Prospective employees will receive consideration without discrimination based on race, national origin, sex, age, physical limitations, veteran status, or any conditions based on local and state law.

PERSONAL INFORMATION							
Name				Telephone			
Street Address				Soc. Sec. #			
City			State		Zip Code		
Are you 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>				Are you a citizen of the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If not, how old are you?							
What prompted you to apply? <input type="checkbox"/> Newspaper <input type="checkbox"/> Sign <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Job Fair <input type="checkbox"/> Current Employee Name: <input type="checkbox"/> Other <input type="checkbox"/> School Counselor _____							
EMERGENCY INFORMATION – IN CASE OF EMERGENCY, PLEASE NOTIFY							
Name			Telephone			Relationship	
MISCELLANEOUS							
During the past 7 years, have you ever been convicted of a serious crime?							
<input type="checkbox"/> Yes							
<input type="checkbox"/> No							
If yes, please describe							
Do you have reliable transportation?				Do you have a valid driver's license?			
<input type="checkbox"/> Yes				<input type="checkbox"/> Yes			
<input type="checkbox"/> No				<input type="checkbox"/> No			
EDUCATION							
School	Name & Location	Last Year Completed				Graduate?	Major
High School		1	2	3	4		
College		1	2	3	4		
AVAILABILITY							
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Number of Hours Each Week?							
WORK HISTORY							
May we contact your present employer (if any) about this application? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Name and phone number of present or most recent employer							
Supervisor's Full Name							
Reason for Leaving							
Dates of Employment		Hourly Rate/ Salary			Job Title – Work Performed		
From		Starting					
To		Final					
Name and phone number of employer							
Supervisor's Full Name							
Reason for Leaving							
Dates of Employment		Hourly Rate/ Salary			Job Title – Work Performed		
From		Starting					
To		Final					

APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application. I waive all rights and claims I may otherwise have against the employer or it's representatives for seeking and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Date _____ Signature _____

Printed Name _____