

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer.

Reasonable accommodation will be provided as required by law.

Date: _____

Last Name	First Name		Middle Initial		Social Security Number:	
Street Address	City/State		Zip Code		Phone Number:	
If hired, can you provide evidence of legal eligibility to work in the U.S.?			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:		Full Time? Part Time?			
				I -		
Date you can begin work?	Are you 18	gyears of age or o	older?	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.		
Name of high school attended:		City & State		Graduate?	GED?	
Name of college or technical school:		City & State		Graduate?	Degree?	Major:
Are you presently enrolled in school?		If yes, give name & address of school and expected degree date:				
Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is relevant to the job for which you are applying. Also include relevant licenses or certificates. (Be specific):						
-						



List any	y job-related	d skills and	experience:				
	Γ		- Your Availa	•		1	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:		1	D 1	<u> </u>		1 6	
Total hours per week you are available to work:		Do you have any special requests or needs for a work schedule?					
		<u>lid driver's</u>				Υe	
			(For some pos	sitions, a ve	ehicle is requ		es No
Are you	u over the	age of 18?				Ye	es No
For some positions, it may be required that employees possess certain physical capabilities, check the appropriate options below, which you feel reflect the physical activities in which you can routinely engage without harm to yourself or fellow employees, please be assured that a negative answer will not disqualify you from consideration.							
Lifting					100 lbs. or r	nore	
Do you have difficulties:Bending or Stooping?Climbing?Standing for a long period of time?Working in temperature extremes?							
List any physical limitations which you feel may relate to the work for which you are applying:							
- Provide Three References Who Are Not Former Employers Who We May Contact -							
Name a	ınd Occupa	tion He	ow do you knov	v them, and	for how long?	Phon	e Number



Your Employment History

List names of employers with present or last employer listed first.

May we contact current employed Name of Employer:	Job Title:	
r	Duties:	
Address:	Dates of Employment:	
	From:	To:
City, State, Zip Code	Hourly pay or salary:	
-	Starting pay:	Ending pay:
Supervisor:	Reason for Leaving:	
Telephone:		
Your Duties:		
Name of Employer:	Job Title:	
	Duties:	
Address:	Dates of Employment:	
	From:	To:
City, State, Zip Code	Hourly pay or salary:	
	Starting pay:	Ending pay:
Supervisor:	Reason for Leaving:	
Telephone:		
Your Duties:		
Name of Employees	Job Title:	
Name of Employer:	Duties:	
Address:		
Addiess.	Dates of Employment: From:	То:
City, State, Zip Code	Hourly pay or salary:	10.
City, State, Zip Code	Starting pay:	Ending pay:
Supervisor:	Reason for Leaving:	Diffullig pay.
oupervisor.	icason for Leaving.	
Telephone:		
Your Duties:		

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CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. 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 authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.	
Signature:	Date: