

EMPLOYMENT APPLICATION

DATE _____



APPLICANT INFORMATION

Last Name		First		Middle Name	
Street Address					
City			State		ZIP
Phone			E-mail Address		
How did you learn about us?					
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 so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	May we contact your present employer?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can you travel if the job requires it?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you currently on "lay-off" status and subject to recall?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
On what date would you be available to work?			Are you available to work (circle one) Full Time Part Time		

EDUCATION

High School		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
College		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

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"/>		
ADDITIONAL INFORMATION							
State any additional job-related skills, licenses and qualifications that may be helpful to us in considering your application:							
I AM AVAILABLE AND WILLING TO WORK THE FOLLOWING SHIFTS:							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7 am – 3 pm							
3 pm – 11 pm							
11 pm – 7 am							
DISCLAIMER AND SIGNATURE							
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
Signature					Date		