



For Office Use Only
A _____
E _____
I _____
M _____
F _____

APPLICATION FOR EMPLOYMENT

Please Print and Answer All Questions

Today's Date _____

This application is intended to provide information for evaluating your suitability for employment. It is not intended to be, nor might be construed to be, a contract of employment of any type whatsoever.

Home Phone# _____

Cell Phone# _____

A. NAME _____ E-Mail _____

(Last) (First) (Middle)

ADDRESS _____

(Street) (City) (State) (Zip Code)

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____

Are you either a U.S. citizen or an alien authorized to work in the U.S.? Yes _____ No _____

B. EDUCATIONAL RECORD

	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	DIPLOMA?	YEAR
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High School _____

College _____

Business/Trade School _____

Do you plan to continue? Yes _____ No _____ If Yes, where? _____ What field? _____

C. Previous Employment Enter last or current job first. **Account for all the time during the last 10 years whether employed or not.**

FROM MO/YR	TO MO/YR	NAME/CITY/STATE OF EMPLOYER	PHONE	WAGE	SUPERVISOR'S NAME	REASON FOR LEAVING
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1. _____

2. _____

3. _____

4. _____

5. _____

May we contact your previous employer(s)? Yes _____ No _____

Are you presently employed? Yes _____ No _____ If yes, may we contact? Yes _____ No _____

Have you ever been employed with us before? Yes _____ No _____ If yes, give dates _____

Do any of your friends or relatives, other than spouse work here? Yes _____ No _____ Name(s) _____

D. How did you hear about this job? () Newspaper () Our Website () Friend (name) _____
() Internet () Other _____

E. REFERENCES – People who know you (not relatives) who may be called at this time.

NAME	CITY/STATE	PHONE	RELATIONSHIP
1. _____			
2. _____			
3. _____			

F. For what type of work are you applying? _____

What area/city are you applying for? _____

List the qualities you possess or the experience that you have gained which would help you in the position for which you are applying _____

G. How many hours per day/week would you prefer? Minimum _____/_____ Maximum _____/_____

During which hours of the day are you available to work? _____

What days of the week are you able to work? Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

How long do you plan to work? 3 Months _____ 6 Months _____ 12 Months _____ Over 12 Months _____

Wage requirement, if any: _____

How do you plan on getting to work? () Car () Ride from a friend () Bus () Taxi () Walk () Bicycle
() Other _____

Use the space below to state any additional information that you feel may be helpful to us in considering your application.

H. Applicants Statement

I certify that all answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law any employment relationship with this organization is of an "at will" nature. Which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand , also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Employed Y N Date of Employment _____ Location(s) _____

Job Title _____ Hourly Rate _____

By _____ Title _____ Date _____