

# APPLICATION FOR EMPLOYMENT

PLEASE PRINT

The following information is requested in order to help us evaluate and analyze your skills and ultimately to make the best possible placement within the company. All portions of this application pertaining to you must be completed. The company, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, or disability where otherwise qualified.

## PERSONAL

NAME LAST	FIRST	MIDDLE	DATE OF APPLICATION
STREET ADDRESS			POSITION APPLIED FOR
CITY, STATE, ZIP			SOCIAL SECURITY NUMBER
PARISH OR COUNTY OF RESIDENCE			TELEPHONE ( )
When you would be available to begin work?			SALARY EXPECTED \$ per

Have you ever worked under another name?  YES  NO  
if yes, give name(s)

Have you ever worked for this company?  YES  NO  
if yes, specify

Have you ever applied for employment with us?  YES  NO  
if yes, month and year

Are you legally eligible for employment in the U.S.?  YES  NO  
if no, what is your immigration status?

Can you work overtime?  YES  NO Can you work shifts?  YES  NO

What type of work are you seeking?  Part-Time  Full-Time Hours Available to Work \_\_\_\_\_

Are you 18 years of age or older?  YES  NO

if no, what is your date of birth? \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor crime within the last 10 years?  YES  NO  
if yes, explain (conviction will not necessarily disqualify you from employment) \_\_\_\_\_

## EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
High School					
College					
Other					

Are you a student?  YES  NO  FULL-TIME  PART-TIME

Are you planning to pursue further studies?  YES  NO  FULL-TIME  PART-TIME

if yes, when and where, and what course of study? \_\_\_\_\_

# EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment history. Start with present or most recent employer.

1	COMPANY NAME/TYPE OF BUSINESS	TELEPHONE (       )
	ADDRESS	EMPLOYED (MONTH/YEAR)
	NAME OF SUPERVISOR/TITLE	FROM                      TO SALARY/HOURLY RATE
	STATE JOB TITLE AND DESCRIBE YOUR WORK	START                      LAST REASON FOR LEAVING
	MAY WE CONTACT FOR REFERENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO   IF NO, REASON: _____

2	COMPANY NAME/TYPE OF BUSINESS	TELEPHONE (       )
	ADDRESS	EMPLOYED (MONTH/YEAR)
	NAME OF SUPERVISOR/TITLE	FROM                      TO SALARY/HOURLY RATE
	STATE JOB TITLE AND DESCRIBE YOUR WORK	START                      LAST REASON FOR LEAVING
	MAY WE CONTACT FOR REFERENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO   IF NO, REASON: _____

3	COMPANY NAME/TYPE OF BUSINESS	TELEPHONE (       )
	ADDRESS	EMPLOYED (MONTH/YEAR)
	NAME OF SUPERVISOR/TITLE	FROM                      TO SALARY/HOURLY RATE
	STATE JOB TITLE AND DESCRIBE YOUR WORK	START                      LAST REASON FOR LEAVING
	MAY WE CONTACT FOR REFERENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO   IF NO, REASON: _____

4	COMPANY NAME/TYPE OF BUSINESS	TELEPHONE (       )
	ADDRESS	EMPLOYED (MONTH/YEAR)
	NAME OF SUPERVISOR/TITLE	FROM                      TO SALARY/HOURLY RATE
	STATE JOB TITLE AND DESCRIBE YOUR WORK	START                      LAST REASON FOR LEAVING
	MAY WE CONTACT FOR REFERENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO   IF NO, REASON: _____

5	COMPANY NAME/TYPE OF BUSINESS	TELEPHONE (       )
	ADDRESS	EMPLOYED (MONTH/YEAR)
	NAME OF SUPERVISOR/TITLE	FROM                      TO SALARY/HOURLY RATE
	STATE JOB TITLE AND DESCRIBE YOUR WORK	START                      LAST REASON FOR LEAVING
	MAY WE CONTACT FOR REFERENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO   IF NO, REASON: _____

# MILITARY HISTORY

Complete this section if you have served in the U.S. Armed Forces.

DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING

BRANCH OF SERVICE
PERIOD OF ACTIVE DUTY (MONTH/YEAR)
FROM TO RANK AT DISCHARGE
DATE OF FINAL DISCHARGE

# PERSONAL REFERENCES

List name and phone number of 3 business/work references who are not related to you and are not previous supervisors.

NAME, JOB TITLE COMPANY	PHONE	YEARS KNOWN
_____	_____	_____
_____	_____	_____
_____	_____	_____

# ORGANIZATIONS

List professional, trade, business, or civic associations and offices held, special accomplishments, and awards (exclude information which may reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected statuses).

_____
_____
_____
_____
_____

# SPECIAL SKILLS

Summarize special skills and qualifications acquired from employment and other experiences.

_____
_____
_____
_____
_____

Do you have a class D Chauffeur's License?  YES  NO

if yes, license number: \_\_\_\_\_ State: \_\_\_\_\_

# WORK AVAILABILITY QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest in employment with our Company. Please complete the following questionnaire to help us determine the days/hours you are currently available to work.

1. What type of work are you seeking?  Part-Time  Full-Time  
*If "Part-Time", please answer question 2.*
2. If you are interested in working on a part-time basis, please indicate why:  
 I am enrolled in school.  
 I am working for another company and want to work a second part-time job.  
State the name of the other company: \_\_\_\_\_  
 Other. Please Explain: \_\_\_\_\_

3. Are you willing to work Holidays?  Yes  No
4. Are you willing to work weekends (Friday, Saturday, and Sunday)?  Yes  No



Please indicate the days and times you are available to work. Hours of operation are subject to change.

	Time Available
Sunday	_____
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____

Special consideration will be given to adjusting part-time employee's work schedules due to academic demands (such as midterm and final examinations). Time off for pre-scheduled exams should be communicated to the employee's supervisor in advance.

During limited periods (such as semester breaks), part-time employees may be allowed to work additional hours with prior approval from the department's supervisor. On an annual basis, part-time employees must average less than 30 hours per week.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PLEASE READ BEFORE SIGNING

I authorize the Employer to make any investigation it deems appropriate concerning me, and authorize any public agency, person, company, organization, doctor, or medical facility to release such information, including information concerning any prior criminal convictions.

I understand that the Employer may have conducted an investigative consumer report concerning my character, general reputation, personal characteristics, and mode of living, and that, upon written request to the Employer, I can obtain information on the nature and scope of such investigation, if any.

I hereby release all parties from all liability for any damage that may result from their providing information to the Employer, regarding my background.

As a condition of employment, or continued employment, I agree and consent to take physical and other examinations when required, and such future physical examinations as may be required by the Employer.

I understand that I employed, any misrepresentation or omission of fact on this application shall be considered grounds for my dismissal.

Upon accepting employment, I understand that I must furnish proof of eligibility for employment in the United States as outlined in the U.S. Department of Justice's Form 1-9.

I understand that if employed, my employment will be for an indefinite period of time, and that I may terminate my employment at any time for any reason, and that the Employer may do likewise; I further understand that no representative of the Company has authority to enter into any agreement to the contrary, unless such agreement is in writing and signed by a management official.

This application will be current for only 30 days. After 30 days, if you still wish to be considered, it will be necessary for you to fill out a new application.

                     INITIAL HERE    I hereby agree to submit any drug/alcohol test required of me, whether prior to my employment or if employed by this company at any time thereafter.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date