



## Employment Application

We are an equal opportunity employer and do not discriminate against otherwise qualified applicants on the basis of color, race, creed, religion, ancestry, age, sex, marital status, national origin, disability, or handicap or veteran status.

### Please Print

|           |            |        |
|-----------|------------|--------|
| _____     | _____      | _____  |
| Last Name | First Name | Middle |

### Present Address

|              |       |       |          |
|--------------|-------|-------|----------|
| _____        | _____ | _____ | _____    |
| No. & Street | City  | State | Zip Code |

### Permanent Address (if different from present address)

|              |       |       |          |
|--------------|-------|-------|----------|
| _____        | _____ | _____ | _____    |
| No. & Street | City  | State | Zip Code |

|            |            |        |
|------------|------------|--------|
| _____      | _____      | _____  |
| Cell Phone | Home Phone | E-mail |

### Employment Desired

Position applying for: \_\_\_\_\_ Wage Desired \_\_\_\_\_

### Are you applying for:

Regular full-time work?..... ☐ Yes ☐ No

Regular part-time work?..... ☐ Yes ☐ No

Temporary work, e.g., summer or holidays work?..... ☐ Yes ☐ No

### What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you available to work on holidays?..... ☐ Yes ☐ No

Would you be available to work overtime, if necessary?..... ☐ Yes ☐ No

If hired, what date can you start work? \_\_\_\_\_

How did you hear about our company and this job opening? \_\_\_\_\_

Have you previously worked at this location?..... ☐ Yes ☐ No

If yes, when? \_\_\_\_\_ under what name? \_\_\_\_\_

Do you have the right to work in the U.S.?..... ☐ Yes ☐ No

Are you at least 18 years old?..... ☐ Yes ☐ No

(If under 18, please state your age \_\_\_\_\_. If under 18, a work permit or certificate may be required.)

Highest grade completed (circle one) 9 10 11 12 Some College College Graduate

### Emergency contact:

|       |         |              |
|-------|---------|--------------|
| _____ | _____   | _____        |
| Name  | Address | Phone number |

## Employment History

**List below all present and past employment starting with your most recent employer.**

|                                                                                                             |                            |              |
|-------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| _____                                                                                                       | _____                      | _____        |
| Company Name                                                                                                | Address                    | Phone Number |
| Name of Supervisor _____                                                                                    | Dates of Employment: _____ |              |
|                                                                                                             | From                       | To           |
| Reason for Leaving: _____                                                                                   |                            |              |
| May we contact this employer for a reference?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |              |

---

---

|                                                                                                             |                            |              |
|-------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| _____                                                                                                       | _____                      | _____        |
| Company Name                                                                                                | Address                    | Phone Number |
| Name of Supervisor _____                                                                                    | Dates of Employment: _____ |              |
|                                                                                                             | From                       | To           |
| Reason for Leaving _____                                                                                    |                            |              |
| May we contact this employer for a reference?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |              |

---

---

|                                                                                                             |                            |              |
|-------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| _____                                                                                                       | _____                      | _____        |
| Company name                                                                                                | Address                    | Phone Number |
| Name of Supervisor _____                                                                                    | Dates of Employment: _____ |              |
|                                                                                                             | From                       | To           |
| Reason for Leaving _____                                                                                    |                            |              |
| May we contact this employer for a reference?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |              |

---

---

Initials

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

|                       |       |
|-----------------------|-------|
| _____                 | _____ |
| Applicant's Signature | Date  |