



Application for Employment

Personal

NAME- First		Middle	Last	
Present Address long?	City	County	State	How
Zip Code	Telephone	Social Security Number		
Prior Address long?	City	County	State	How
Are you eligible to work in the United States? YES / NO (Proof of eligibility will be required before you can be employed)		Are you at least 18 years old? YES / NO If no, do you have a work permit? YES / NO		
What date are you available for employment?				

Have you ever applied here before? YES / NO
Location Name: _____ When? _____

Are you presently on layoff or leave of absence from any other company? YES / NO

Have you ever been convicted of any law violation or have you forfeited collateral (i.e. bond)?
(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

You may omit: (1) Traffic violations in which a fine of \$100.00 or less was imposed (unless the violation involved alcohol or drugs) and (2) Any offense committed before your eighteenth (18th) birthday which was finally adjudicated in a juvenile court or under a youth offender law.

YES / NO

If yes, state the date of such offense(s), charge(s), place(s) of occurrence, court(s) involved and action(s) taken:

If yes, explain:

Do you have any agreements with another employer that might affect your employment here? YES / NO

If yes, explain:

Your employer will not discriminate against any employee or applicant for employment because of age (as defined by applicable law), religion, sex, race, color, national origin, or because of handicap, veteran status. Answers to application questions will be utilized for applicable job-related information only.



Availability To Work Sheet

Name: _____

Please indicate the times you are available to work in the following table:

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

PLEASE NOTE: This is an **AVAILABILITY SHEET** not a **REQUEST SHEET**.

Activities that may conflict with the information provided above:

Are you currently attending school? YES NO

If yes, when do you expect your schedule to change again?

THANK YOU FOR YOUR COOPERATION.

References

List at least two (2) responsible adults who have knowledge of your work ethic, experience, and ability (Do not include relatives, former or present employers, or fellow employees).

	(Reference 1)	(Reference 2)	(Reference 3)
Name:			
Address:			
Phone Number:			
Occupation:			
Relationship to you:			

Work Preferences

Answer only the questions for which you are applying

What type of employment do you want? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	What is your minimum salary requirement? \$ _____
For what type of position are you applying for? _____	What shifts do you prefer? <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
Are you willing to travel? YES / NO What percent of the time? _____	Are you willing to relocate? YES / NO

What past work experience do you feel is most applicable to this position?

As an applicant for employment, I understand the following:

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| <ul style="list-style-type: none"> • This application will remain on active file for sixty (60) days. If I am hired within this period, this form will be transferred to my individual personnel file. • If I am not hired within sixty (60) days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a position after that time. • Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date. • After an offer of employment has been extended, I may be required to submit to a physical examination. This may include a drug screen, in order to determine my physical ability to perform my job duties with or without accommodation. • My employment may be contingent upon the result of this examination and drug screen. If the results of the physical examination | <p>Indicate that I cannot perform the job for which an offer has been extended and/or if the drug screen results are positive for substance abuse, this will be grounds for disqualifying me or terminating my offer of employment.</p> <ul style="list-style-type: none"> • If my application for employment is accepted, the effective date of employment shall be the time I actually begin to work. If I am employed, I agree to comply with and be bound to the safety and health rules and regulations, and the standards of conduct of my employer. • My employment is not guaranteed for any term, and my employment may be terminated by my employer or myself at any time and for any reason. No management official is authorized to make any oral assurance or promise of continued employment. • All information (including information on any accompanying resume) is subject to verification. |
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- I authorize you to contact and I authorize any present or former employer, education institution, law enforcement agency, financial institution, or other persons having personal knowledge about me to furnish any and all information in their possession regarding me, in connection with any decision concerning my employment. Further, I hereby release from liability and hold harmless all persons and corporations supplying this information. A photocopy of this authorization is as valid as the original.

Signed: _____ Date: _____

Employment Data

Give past employment record as completely as possible starting with latest employer (including military service).

Employer Name, Address, Phone Number	Dates (MO/YR)	(Circle) FULL-TIME PART-TIME SEASONAL	Salary/Monthly Earnings \$	Name of Supervisor	Nature of Work	Reason for Leaving
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Education

Elementary School	City, State	Circle grade completed: 1 2 3 4 5 6 7 8	Did you graduate? YES/NO
High School	City, State	Circle grade completed: 9 10 11 12	Did you graduate? YES/NO
College(s)	City, State	Graduated? Degree: Avg. Grade: Major(s):	
(1)			
(2)			
Other job-related schooling, licenses, certifications, etc.:		Institution Name:	Expiration Date:
(1)			
(2)			