

EMPLOYMENT APPLICATION

ALL APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN OR HANDICAP



To be properly evaluated, this application must be filled out completely. Please use ink. If more space is needed, attach a separate sheet.

LAST NAME FIRST MIDDLE			SOCIAL SECURITY NUMBER		TELEPHONE:
LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT REASONABLE ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO			DATE OF BIRTH MM – DD – YYYY		ALT. PHONE:
			DRIVER LICENSE OR ID		
YOUR ADDRESS		CITY	COUNTY	STATE	ZIP CODE
					HOW LONG
POSITION APPLYING FOR:			LOCATION APPLYING FOR:		
WHEN WILL YOU BE ABLE TO REPORT TO WORK AFTER BEING NOTIFIED YOUR HIRED? ARE YOU SEEKING A PERMANENT POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU SEEKING A FULLTIME POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
			CAN YOU WORK THE FOLLOWING DAYS: (CHECK ALL THAT APPLY) <input type="checkbox"/> ANY <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN		
			CAN YOU WORK THE FOLLOWING SHIFTS: (CHECK ALL THAT APPLY) <input type="checkbox"/> ANY <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> GRAVEYARD OTHER:		
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR HAD ADJUDICATION WITHHELD? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF YES, WHEN AND FOR WHAT REASON		
IN CASE OF EMERGENCY OR ACCIDENT, WHO SHOULD BE NOTIFIED:					
NAME		ADDRESS		RELATIONSHIP	PHONE
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, GIVE DATE _____ LOCATION _____					
DO ANY OF YOUR FRIENDS OR RELATIVES WORK HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, STATE NAME, RELATIONSHIP AND LOCATION					
CIRCLE HIGHEST GRADE COMPLETED		HIGH SCHOOL		COLLEGE	
		9 10 11 12		1 2 3 4	
EMPLOYMENT HISTORY					
List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here. Please attached extra sheet of paper if necessary.					
IS THIS YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO					
EMPLOYER NAME AND ADDRESS:		POSITION TITLE/ DUTIES, SKILLS:		REASON FOR LEAVING:	
		SUPERVISOR NAME AND PHONE:		START DATE	END DATE
PAYRATE/PER\$ _____					
EMPLOYER NAME AND ADDRESS:		POSITION TITLE/ DUTIES, SKILLS:		REASON FOR LEAVING:	
		SUPERVISOR NAME AND PHONE:		START DATE	END DATE
PAYRATE/PER\$ _____					
EMPLOYER NAME AND ADDRESS:		POSITION TITLE/ DUTIES, SKILLS:		REASON FOR LEAVING:	
		SUPERVISOR NAME AND PHONE:		START DATE	END DATE
PAYRATE/PER\$ _____					

I authorize investigation of all statements contained in this application. I understand misrepresentation or omission of facts called for is cause for dismissal. Further I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. In addition, I understand that, if employed, I am in a 90-day probationary period and can be discharged without cause.

DATE _____ **SIGNATURE** _____