



Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date		
Last name	First name	Middle name
Street Address		
City	State	ZIP
Telephone	Social Security #	
Position applied for		
How did you hear of this opening?		
When can you start?	Desired Wage \$	

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)

Yes No

Are you looking for full-time employment?

Yes No

If no, what hours are you available?

Are you willing to work graveyard?

Yes No

Have you ever been convicted of a felony?

(This will not necessarily affect your application.)

Yes No

If yes, please describe conditions.

Education

	School Name and Location	Year	Major	Degree
High School				
College				
College				
Post College				
Other Training				

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Employment History (Start with most recent employer)

Company Name

Address

Telephone

Date Started	Starting Wage	Starting Position
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Date Ended	Ending Wage	Ending Position
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Name of Supervisor

May we contact? Yes No

Responsibilities

Reason for leaving

Employment History (Start with most recent employer)

Company Name

Address

Telephone

Date Started	Starting Wage	Starting Position
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Date Ended	Ending Wage	Ending Position
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Name of Supervisor

May we contact? Yes No

Responsibilities

Reason for leaving

Employment History (Start with most recent employer)

Company Name

Address

Telephone

Date Started	<input type="text"/>	Starting Wage	<input type="text"/>	Starting Position	<input type="text"/>
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Date Ended	<input type="text"/>	Ending Wage	<input type="text"/>	Ending Position	<input type="text"/>
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Name of Supervisor

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Responsibilities

Reason for leaving

Employment History (Start with most recent employer)

Company Name

Address

Telephone

Date Started	Starting Wage	Starting Position
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Date Ended	Ending Wage	Ending Position
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Name of Supervisor

May we contact? Yes No

Responsibilities

Reason for leaving

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____ Date _____