



Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____ Age: _____

On what date would you be available to start? _____

Please list the hours below you are able to work. Put an X on days you can NOT work.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are you available to work holidays? Yes No

Minimum Wage/Hr Required _____ Desired Wage/Hr _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction?

Yes No

Have you ever been convicted of a felony?

Yes No

If yes, please explain: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment?

Yes No

If yes, please explain: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test?

Yes No

If selected for employment, are you willing to submit to a background check (criminal and financial)?

Yes No

EDUCATION

School Name	Location	Yrs Attended	Major	Degree

Other training, certification, or licenses held: _____

List any other experiences or information pertinent to the employment you are seeking: _____

EMPLOYMENT HISTORY

(starting with most recent)

Employer:

Job Title: _____ Dates Employed: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ May we contact this employer? [] Yes [] No

Duties Included: _____

Reasons for Leaving: _____

Employer:

Job Title: _____ Dates Employed: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ May we contact this employer? [] Yes [] No

Duties Included: _____

Reasons for Leaving: _____

Employer:

Job Title: _____ Dates Employed: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ May we contact this employer? [] Yes [] No

Duties Included: _____

Reasons for Leaving: _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be contained active for a period of time not to exceed 90 days. Any applicant wishing to be considered employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date



ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT THE REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.