

Date of Interview: \_\_ / \_\_ / \_\_

Time of Interview: \_\_\_\_\_

Name of Manager: \_\_\_\_\_

(For Office Use Only)

REV. 5/2/18

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer. Reasonable accommodation will be provided as required by law.

|           |            |                |               |
|-----------|------------|----------------|---------------|
| Last Name | First Name | Middle Initial | Email Address |
|-----------|------------|----------------|---------------|

|                |            |          |              |
|----------------|------------|----------|--------------|
| Street Address | City/State | Zip Code | Phone Number |
|----------------|------------|----------|--------------|

If hired, can you provide evidence of legal eligibility to work in the U.S.?

Yes  
 No

Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.

|                                     |                                |            |            |
|-------------------------------------|--------------------------------|------------|------------|
| Position Desired:<br>Pre-Determined | Wage/Salary:<br>Pre-Determined | Full Time? | Part Time? |
|-------------------------------------|--------------------------------|------------|------------|

|                          |   |   |
|--------------------------|---|---|
| Date you can begin work? | Are you 16 years of age or older?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If under 16 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law. |
|--------------------------|---|---|

|                               |            |           |      |
|-------------------------------|------------|-----------|------|
| Name of high school attended: | City/State | Graduate? | GED? |
|-------------------------------|------------|-----------|------|

|                                      |            |         |        |
|--------------------------------------|------------|---------|--------|
| Name of college or technical school: | City/State | Degree? | Major: |
|--------------------------------------|------------|---------|--------|

|   |   |
|---|---|
| Are you presently enrolled in school?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, give name & address of school and expected degree date: |
|---|---|

Have you filled out an application here before?  
 Yes  No

Have you ever been employed here before?  
 Yes  No

Are you on a lay-off and subject to recall?  
 Yes  No

Please note weekend hours are required. Please be sure to select Fri/Sat/Sun hours.  
(Combination of Friday & Sunday or just Saturday)

### - YOUR AVAILABILITY FOR WORK -

|       | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------|--------|---------|-----------|----------|--------|----------|--------|
| From: |        |         |           |          |        |          |        |
| To:   |        |         |           |          |        |          |        |

|   |  |
|---|--|
| Total hours per week you are available to work: | Do you have any special requests or needs for a work schedule? |
|---|--|

**- REFERRAL SOURCE -**

Advertisement

Friend

Walk-In

Employment Agency

Relative

Other

If Friend/Relative/Other, Please Specify: \_\_\_\_\_

**- YOUR EMPLOYMENT HISTORY -**

List names of employers with present or last employer listed first.

|   |  |
|---|--|
| Are you employed now?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | May we contact current employers before you are offered a position?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|---|--|

|                   |                       |  |
|-------------------|-----------------------|--|
| Name of Employer: | Job Title:            | Dates of Employment:<br>From:                      To: |
| Address:          | City, State, Zip Code | Duties:  |
| Supervisor:       | Telephone:            | Reason for Leaving:                                    |

|                   |                       |  |
|-------------------|-----------------------|--|
| Name of Employer: | Job Title:            | Dates of Employment:<br>From:                      To: |
| Address:          | City, State, Zip Code | Duties:  |
| Supervisor:       | Telephone:            | Reason for Leaving:                                    |

|                   |                       |  |
|-------------------|-----------------------|--|
| Name of Employer: | Job Title:            | Dates of Employment:<br>From:                      To: |
| Address:          | City, State, Zip Code | Duties:  |
| Supervisor:       | Telephone:            | Reason for Leaving:                                    |

- Agreement -

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.

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 company.

Signature of Applicant:

Date: