

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

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

Name of Manager: \_\_\_\_\_  
(For Office Use Only)

## APPLICATION FOR EMPLOYMENT

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

Last Name	First Name	Middle Initial	Email Address
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Street Address	City/State	Zip Code	Phone Number
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If hired, can you provide evidence of legal eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.
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Position Desired: Pre-Determined	Wage/Salary: Pre-Determined	Full Time?	Part Time?
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Date you can begin work?	Are you 16 years of age or older? <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.
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Name of high school attended:	City/State	Graduate?	GED?
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Name of college or technical school:	City/State	Degree?	Major:
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Are you presently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name & address of school and expected degree date:
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Have you filled out an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you on a lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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?
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**- 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact current employers before you are offered a position? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Employer:	Job Title:	Dates of Employment: From:                      To:	
Address:	City, State, Zip Code	Duties:	
Supervisor:	Telephone:	Reason for Leaving:	Starting pay:    Ending pay:

Name of Employer:	Job Title:	Dates of Employment: From:                      To:	
Address:	City, State, Zip Code	Duties:	
Supervisor:	Telephone:	Reason for Leaving:	Starting pay:    Ending pay:

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Address:	City, State, Zip Code	Duties:	
Supervisor:	Telephone:	Reason for Leaving:	Starting pay:    Ending pay:

- 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: