

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

We consider applicants for all positions with regard to race, color, religion, creed gender, nation origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position(s) Applied F	Cor			Date of Application	
Last Name	First Name	Middle Na	me	Social Security Number	
Street Address	City/State	Zip Code		Phone Number:	
Referral Source Advertisement	Employment Agency	Friend Relativ	ve Walk-in Othe	er	
If hired, can you prov the U.S.?	ride evidence of legal elig	gibility to work in	completing form I-9 a	nent is conditioned upon and providing the appropriate and work authorization.	
Are you 18 years of age or older? Yes No If you are under 18 years of age, can you provide required Proof of your eligibility to work? Yes No					
Have you ever been e	employed here before?	Yes No If Y	es, give date		
Date you can begin w		esired salary range	? Are you avail	lable to work: Part-Time Seasonal	
1	convicted of a felony? essarily disqualify an applic	Yes No)		

Skills and Qualifications							
Summarize any special tra which you are applying				•	for	ming the p	osition for
Computer Skills (Check a	ppropriate boxes. In	nclu	de years of experience	.)			
Microsoft Word			_ Microsoft Out	look			
Excel			Internet				_
Power Point			Other				_
Education							
	Name and Addre of School	ess	Course of Study	Years Complete	d	Diplom	a Degree
Elementary School							
High School							
Undergraduate School							
Graduate Professional							
Other (Specify)							
Name of college or technical school: City		City	y & State	Graduate?	De	egree?	Major:
Are you presently enrolled	l in school?	If y	es, give name & addre	ess of school and exp	ect	ed degree o	late:
Describe any specialized t	raining, apprentice	ship,	, skills and extra-curric	cular activities.			
List any job-related skills	or accomplishment	s, in	cluding military service	ee:			

References						
Provide three references, who are not former employers, who we may contact						
Name and Occupation	How do you know them, and for how long?	Phone Number				

Employment History Starting with your most recent employer, provide the following information May we contact current employers before you are offered a position? Yes No Name of Employer: Job Title: Duties: Address: Dates of Employment: From: To: City, State, Zip Code Hourly pay or salary: Starting pay: Ending pay: Supervisor: Reason for Leaving: Telephone:
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CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.		
Signature:	Date:	