



# APPLICATION FOR EMPLOYMENT

| APPLICANT INFORMATION                                       |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| Last Name   | First                        | M.I.                        | Date  |
| Street Address  |                              | Apartment/Unit #            |   |
| City  | State                        | ZIP                         |   |
| Phone   | E-mail Address               |                             |   |
| Date Available  | Position Applied for         |                             |   |
| Availability D=day, N=Night, O=Occasional                   | Sunday [D] [N] [O]           | Monday [D] [N] [O]          | Tuesday [D] [N] [O] Wednesday [D] [N] [O]   |
|   | Thursday [D] [N] [O]         | Friday [D] [N] [O]          | Saturday [D] [N] [O]  |
| Are you a citizen of the United States?                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company?                      | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?  |
| Have you ever been convicted of a felony?                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain   |
| Have you ever been convicted of an alcohol related offense? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain   |

| EDUCATION   |    |  |        |
|-------------|----|--|--------|
| High School |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College     |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other       |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

| REFERENCES |              |
|------------|--------------|
| Full Name  | Relationship |
| Company    | Phone ( )    |
| Full Name  | Relationship |
| Company    | Phone ( )    |
| Full Name  | Relationship |
| Company    | Phone ( )    |

| <b>PREVIOUS EMPLOYMENT</b>   |                 |                    |                  |
|--|-----------------|--------------------|------------------|
| Company  |                 | Phone (    )       |                  |
| Address  |                 | Supervisor         |                  |
| Job Title  | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company  |                 | Phone (    )       |                  |
| Address  |                 | Supervisor         |                  |
| Job Title  | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company  |                 | Phone (    )       |                  |
| Address  |                 | Supervisor         |                  |
| Job Title  | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| <b>DISCLAIMER AND SIGNATURE</b>   |      |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge.  |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |      |
| Signature   | Date |