



APPLICATION FOR EMPLOYMENT

PERSONAL DATA

Last Name _____ First Name _____

Street Address _____ City _____ State/Zip _____

Home Telephone # _____ Cell # _____

If you are under 18 years of age, please specify your age here _____.

Please Note: This information will be used only for child labor law purposes.

Are there any days, shifts or hours you will not work? _____

Explain why. _____

Please fill in **availability** below.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
8am	8am	8am	8am	8am	8am	8am
8pm	8pm	8pm	8pm	8pm	8pm	8pm

Will you work overtime, and weekends if required? _____

When will you be able to start work? _____

Were you referred, if so by who? _____

Have you ever applied or worked here before? Yes No If yes, provide dates: _____

Are you legally authorized to work in the United States of America? Yes No

Please Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form 1-9" be completed for every new hire and that within 3 business days of beginning of work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

DRIVING RECORD *(Answer only if driving is a requirement of the job for which you are applying.)*

Do you have a valid drivers license? Yes No

State _____ License No. _____

EDUCATION *(Describe any educational degrees, skills, training, or experience you believe are relevant.)*

NAME, CITY AND STATE OF EDUCATIONAL INSTITUTION	GRADUATION YEAR IF GRADUATED	DEGREE TYPE, OR EXPECTED DEGREE	MAJOR
Highschool			
College/University			
Licenses/Certifications/Other			

EMPLOYMENT HISTORY *(Complete for all full-time or part-time employment starting with the most recent.)*

Company Name	Telephone #
Address	Date Employed From: _____ To: _____
Name of Supervisor May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Pay Rate
State job title and Describe job duties	Reason For Leaving
Company Name	Telephone #
Address	Date Employed From: _____ To: _____
Name of Supervisor May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Pay Rate
State job title and Describe job duties	Reason For Leaving
Company Name	Telephone #
Address	Date Employed From: _____ To: _____
Name of Supervisor May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Pay Rate
State job title and Describe job duties	Reason For Leaving

Please explain any gaps in your employment history? _____

Have you ever been discharged or forced to resign? Yes No If yes, please explain: _____

Please Note: "I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentation are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time, at any time by the company. I understand that no company representative, other than it's president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Applicant's Signature: _____ **Date** _____