



Office Use Only:
 Recommended Employment
 Hold for Future Opening
 Not Qualified
 Date: _____
 By: _____

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name _____ SSN _____
Last First MI

Address _____
Street or PO Box City State Zip Code

Email _____ Cell Phone (____) _____

EMPLOYMENT DESIRED

Position Desired _____ Expected Pay _____ Date Available _____ Full-time Part-Time

What days/hours are you available to work? _____

Any days/hours you are NOT available to work? _____

GENERAL INFORMATION

Do you object to being fingerprinted? No Yes Have you had a current TB test? Yes No

Have you ever been convicted of a crime or felony? No Yes: _____

Are you able to perform the essential, job related functions of the position for which you are applying with or without reasonable accommodations? Yes No

How did you hear about us? Advertisement Own accord Referred Name Employee referral

If referred, please list name of referral: _____

List any special talents or hobbies: _____

What organizations do you belong to (Educational or Professional): _____

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	YEARS COMPLETED	SUBJECTS STUDIED/ MAJOR & DEGREE
High School				
College				
Graduate School				
Other				

Which of the following do you have current training? Please check all that apply.
 TECTA CPR First Aid Food Handlers Permit HIV Training

Other special training courses/licenses: _____

EMPLOYMENT HISTORY

Are you currently employed? No Yes

If so, may we inquire of your present employer? No Yes

PREVIOUS EMPLOYMENT (List below your last four employers, starting with the most recent)

EMPLOYMENT DATES (MONTH & YEAR)	EMPLOYER NAME SUPERVISOR NAME EMPLOYER PHONE NUMBER	PAY OR SALARY	JOB TITLE	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

PROFESSIONAL & PERSONAL REFERENCES

Name	Phone	Years Acquainted

ACKNOWLEDGEMENT

I certify that all the information submitted by me on this application is true and complete. I authorize investigation of all statements contained in this application. I understand that if any false information, omissions of facts or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I hereby give the Company permission to contact schools, employers (unless otherwise indicated), references, others and hereby release the Company from any liability as a result of such contact.

In consideration of my employment, I agree to comply with the Company's rules and regulations. I understand and agree that if employed, it is "at will". I understand that the Company or I may end the employment at any time for any reason or no reason at all. I understand that receipt of this application does not imply employment and that this application or any other Company documents are not contracts of employment. 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 by the Company. I understand that no Company representative, other than its President, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for and specific period of time, or to make any agreement contrary to the foregoing.

Date _____ Signature _____