

APPLICATION FOR EMPLOYMENT

Rev 2/11

Please complete all sections thoroughly otherwise your application will not be considered complete.

A resume may be attached but may not substitute for completion of the application.

Full Legal Name: _____ Today's Date: _____
(First) (Middle) Last

Present Address: _____
Street City State Zip

Home Phone #: _____ Cell Phone #: _____ Email Address: _____

Social Security #: _____ Have you ever worked for this company before? No Yes - If yes, when?
From To

Do you have any relatives, spouses, significant others (boy or girlfriends) working for us? No Yes - If yes, who? _____

Emergency Contact Name _____ Emergency Contact Phone #: _____

How did you hear of us? Walk-In Newspaper Sign Web Ad TV/Radio Agency/School Referral: Name: _____

What do you think are the most important factors in working for this company? _____

EMPLOYMENT DESIRED: _____ DAYS & HOURS AVAILABLE TO WORK: _____

Position: _____ Available ANY hours & days, this includes weekends, nights, holidays, etc.

Salary requirements: _____ Restricted on availability. Available hours and days below. Mark "X" if not.
This is only a request and not a guarantee of hours to be worked per week.

Date you can start: _____

Total Hours Available Per Week: _____

Request: Full-Time (32+ hrs / wk) Part-Time (< 32 hrs / wk)
 Temp/Seasonal (hours vary)

Age: Under 16 16 or 17 Over 18

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
From							
To							

Are you legally authorized to be employed in the U.S.? Yes No Are you able to travel if required? No Yes _____ % Acceptable

Are any special accommodations needed to perform the essential functions of the job for which you have applied? No Yes, attach notes

EDUCATION	Name and Location	Course of Study	Completed (Circle)	Graduate?	Diploma/Cert. or Degree
High School		General	9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	General or GED
College			Fr Sph Jr Sr	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Trade, etc.)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL EMPLOYMENT SKILLS & ABILITIES:

Computer programs (Word, Excel, etc) you are proficient in _____

List any additional skills, certifications, licenses, training related to the position applied for: _____

List any additional languages you are proficient at speaking and writing: _____

REQUIRED LEGAL INFORMATION

Have you ever been convicted, fined, sentenced, and/or pleaded nolo contendere (no contest) to a criminal charge (felony or misdemeanor other than minor traffic violations)? No Yes***

Have you ever been a defendant in a civil action for an intentional tort (sued because you assaulted, attacked, injured, defamed and/or hurt somebody)? No Yes***

Have you ever caused injury or harm to another person on any occasion other than those described above? No Yes***

*** If yes to any of the above attach on a separate paper the following for each item: a) dates, b) nature and facts of problem, c) city and state of location of the issue, d) outcome including any penalties, convictions, pleas fines and/or sentences, and explain them. A conviction will not necessarily disqualify you from employment. Factors such as the seriousness and nature of the offense, age at time of the conduct, and rehabilitation will also be taken into account

FORMER EMPLOYERS: List last three employers (if less than 7 years of history request add-on application sheet) starting with your most recent employer.

May we contact your former employers? Yes No if no, Explain

Employer No. 1 (present or most recent)		Address		Phone Number	
Employed (Month & Year) From To		Rate of Pay Start Final		Avg./Hrs./Wk	Supervisor & Svpr. Title
Your Job Title		Describe Your Duties/Responsibilities			
Reason For Leaving		MGMNT REFERENCE CHECK Spoke with: Mgr Initials:		Date	

Employer No. 2		Address		Phone Number	
Employed (Month & Year) From To		Rate of Pay Start Final		Supervisor & Title	Avg./Hrs./Wk
Your Job Title		Describe Your Duties			
Reason For Leaving		MGMNT REFERENCE CHECK Spoke with: Mgr Initials:		Date	

Employer No. 3		Address		Phone Number	
Employed (Month & Year) From To		Rate of Pay Start Final		Supervisor & Title	Avg./Hrs./Wk
Your Job Title		Describe Your Duties			
Reason For Leaving		MGMNT REFERENCE CHECK Spoke with: Mgr Initials:		Date	

Initial Below EMPLOYMENT CONDITIONS, PLEASE READ BEFORE INITIALING & SIGNING

_____ - I hereby certify that the information provided on this application is true, complete and accurate. I agree that the Company may investigate all of the statements made on this application and that any false statements, misrepresentation or omission will be considered sufficient cause for this company to deny or terminate my employment upon discovery. I understand that this app. will remain active for only 30 days.

_____ - I understand that the Company may review references, credit files, and criminal records as part of the employment process. I hereby authorize all individuals and organizations named or referred to on this application to answer all questions that may be asked and give all information that may be sought in connection with this application. This may include, but is not limited to work history, criminal records, licensure, certification, education and driving record. I also certify that any individual or organization furnishing information concerning me shall not be held accountable for giving this information. I hereby release said individuals and organizations from any and all liability that may be incurred as a result of furnishing such information.

_____ - I understand that employment with this company is 'at will' and therefore for an indefinite period of time. If employed, I may terminate my employment at any time and this company may terminate or modify the employment relationship at any time, with or without motive or cause. I understand that no employee, manager, or other agent of the Company has the authority to enter into any agreement for employment for any specified period of time unless such an agreement is in writing and signed by the CEO/President of this company. I further understand that in the absence of such an agreement, employment can be terminated at the sole discretion of the company or employee at any time.

_____ - I understand that I am not guaranteed a specific shift, schedule or work assignment to work overtime. If employed by this company, I will abide by its rules, regulations, policies and procedures.

_____ - I am hereby advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to my supervisor. If I need medical attention, I agree to contact a manager before receiving medical assistance, follow worker's comp. insurance instructions and use a managed care facility - failure to do so may result in loss of benefits. I am hereby advised that the company to better ensure the safety of all employees and control the cost of worker's compensation coverage that, should I have an accident, I will have to submit to a drug test within 24 hours and I acknowledge that failure to test or a positive drug test may also result in may discharge from the company and possible loss of benefits.

_____ - Finally, I freely and voluntarily agree (if my company requires it) to undergo drug testing as part of the application process, for reasonable suspicion, or at any time during my employment with this company. I understand that either refusal to submit to the test or failure of the test per this company's policy will disqualify me from consideration and/or continuation of employment.

Signature of Applicant: _____ Date: _____

This company is an Equal Opportunity Employer and does not discriminate on the basis of race, color, age, sex, religion, national origin, disability, marital status or any other characteristic protected by law.