



Application for Employment

ABOUT YOU

Name _____ Nickname _____

Social Security No: _____ - _____ - _____ Home Phone _____ Message Phone _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

If you listed a message phone above, how often do you check for messages?

Do you have reliable transportation to meet any scheduled shift?

Can you read at a 6th grade level? _____ Have you been convicted of a felony? _____ If yes, give details on last page.

Have you ever worked for us before? _____ If so, under what name?

Do you have any friends or relatives working for us? _____ Who?

Can you provide proof that you are over 18 years old? _____ ...over 21 years old? _____ Are you a smoker?

Do you have a valid driver's license? _____ Class _____ State _____ License No.

Have you had any accidents or moving violations in the past three years? _____ If yes, please provide details on last page.

Have you ever been bonded? _____ Is there any reason why you could not be bonded? _____ If yes, describe on last page.

Do you have a legal right to work in the U.S.? _____ Can you provide documentation of your legal right to work?

Is there any reason why you could not perform all physical aspects of this job (including the ability to lift up to 50 lbs.)?

If yes, please provide details on last page.

Is additional information concerning change of name necessary to check work or education records? _____ If yes, explain.

(continue on last page if necessary)

Describe your use of drugs and alcohol: (continue on last page if necessary)

ABOUT THE JOB

For what position are you applying? _____ Salary Requirement: \$_____ per _____

Would you accept another position? _____ If so, which one?

Which do you prefer? full time work part time work. If part time, about how many hours per week?

Which will you accept? full time work part time work

When could you start working for us **full time**? _____ When are you **NOT** available to work for us full time?

MON	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning
<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon
<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening
<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime

When could you start working for us **part time**? _____ When are you **NOT** available to work for us part time?

MON	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning
<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon
<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening
<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime

ABOUT YOUR WORK EXPERIENCE

(PLEASE START WITH YOUR MOST RECENT POSITION)

Resume Attached? YES NO

COMPANY _____ Mo/Yr Hired _____ Mo/Yr Left _____

Job Title _____

Reason for Leaving _____

No. Supervised: Starting _____ Ending _____ Starting Salary: \$ _____ per _____ Final Salary: \$ _____ per _____

Supervisor's Name _____

Position _____

Phone _____

Superior's Name _____

Position _____

Phone _____

Co-worker's Name _____

Position _____

Phone _____

Co-worker's Name _____

Position _____

Phone _____

Subordinate's Name _____

Position _____

Phone _____

Subordinate's Name _____

Position _____

Phone _____

Major Responsibilities and Accomplishments:

MORE ABOUT YOUR WORK EXPERIENCE

COMPANY _____ Mo/Yr Hired _____ Mo/Yr Left _____

Job Title _____

Reason for Leaving _____

No. Supervised: Starting ____ Ending ____ Starting Salary: \$ _____ per _____ Final Salary: \$ _____ per _____

Supervisor's Name _____

Position _____ Phone _____

Superior's Name _____

Position _____ Phone _____

Co-worker's Name _____

Position _____ Phone _____

Co-worker's Name _____

Position _____ Phone _____

Subordinate's Name _____

Position _____ Phone _____

Subordinate's Name _____

Position _____ Phone _____

Major Responsibilities and Accomplishments:

ABOUT YOUR EDUCATION

HIGH SCHOOL _____ City _____ State _____

Graduated? _____

No. Yrs. Completed _____ Major _____ Verification _____

Phone (____) _____

COLLEGE _____ City _____ State _____

Degree _____

No. Yrs. Completed _____ Major _____ Verification _____

Phone (____) _____

GRAD SCHOOL _____ City _____ State _____

Degree _____

No. Yrs. Completed _____ Major _____

Verification Phone (____) _____

Extracurricular activities:

Other training programs completed:

Professional memberships and certifications:

OTHER COMMENTS

Why would you be a good choice for this position?

□ □ □ □ □

I certify the information above is complete and accurate to the best of my knowledge. I authorize the individuals, companies and agencies concerned to provide this company and its agents with all information necessary to verify the statements I have made in this application and I release them from any liability for so doing. I understand I must receive satisfactory references from previous employers, co-workers and subordinates (if any) before an offer of employment can be made. I understand that incomplete or unsigned applications will not be considered and that false, incomplete or misleading statements are grounds for my immediate discharge. I understand that any offer of employment is contingent upon my passing a prescribed physical examination, proving my identity and documenting my right to work. I understand that if I am absent for work and do not contact my supervisor for a scheduled work period, it will be understood that I am resigning my position voluntarily. I understand these policies cannot be changed except in writing.

Signature _____ Print Name _____ Date _____