

EMPLOYMENT APPLICATION

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on the application. You may attach a resume, but all questions must be answered.

Position applying for:					
PERSONAL DATA					
Name:					
Street Address:	City:	State:	Zip:		
Mailing Address:	City:	State:	Zip:		
Home Phone:	Business Phone:	Message Phone:			
Date you can start work:	Salary Desired:	Do you have a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
POSITION INFORMATION Check all that apply					
Hours: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Supplemental	<input type="checkbox"/> Days <input type="checkbox"/> Evenings	<input type="checkbox"/> Graveyard <input type="checkbox"/> Weekends	Status: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary		
If employed in this position, would you be in a supervisory or subordinate relationship to any family members? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state nature of the crime(s), when and where convicted and disposition of the case. _____					
(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)					
QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.					
	School Name Address/City/State	No. of Years Completed	Did You Graduate?	Degree Received	Areas of Specialization
College					
Vocational/Technical					
Other					
SPECIAL SKILLS Please list any special skills or experience that you feel would help you in the position that you are applying for.					

REFERENCES Please list three professional references not related to you with full name, address, phone number, and relationship. If you don't have three professional references, list personal unrelated references.					
Name	Address/City/State	Phone	Relationship		

We are an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

WORK HISTORY List all present and past employment starting with your most recent employer.		
Job Title:	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name:	Supervisor's Name:	Phone Number:
Address	City/State	Zip
Duties:		
Reason for Leaving:	Starting Salary:	Ending Salary:
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Job Title:	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name:	Supervisor's Name:	Phone Number:
Address	City/State	Zip
Duties:		
Reason for Leaving:	Starting Salary:	Ending Salary:

Job Title:	Start Date (mo/day/yr)	End Date (mo/day/yr)
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Address	City/State	Zip
Duties:		
Reason for Leaving:	Starting Salary:	Ending Salary:

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to (Int'l's) my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Applicant Signature

Date