

Date: _____



APPLICATION FOR EMPLOYMENT

-Please Answer All Questions-

Notice: Applicant should read the following information carefully filling out any of the questions in this form. We are an equal opportunity employer and we comply with all applicable laws included Title VII of the Civil Right Act of 1964 as amended in all personnel decisions.

NAME: LAST FIRST MIDDLE SOCIAL SECURITY # DATE OF BIRTH

PRESENT ADDRESS CITY STATE ZIP CODE

DRIVER'S LICENSE # STATE

HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS: _____
YEARS MONTHS

HOME NO.:() CELL NO.:() EMAIL ADDRESS: _____

PREVIOUS ADDRESS CITY STATE ZIP CODE

POSITION APPLIED FOR: _____

DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU APPLYING FOR: _____ FULL TIME _____ PART TIME _____ TEMPORARY

REFERRED BY: _____

IF RELATED TO ANYONE IN THIS ORGANIZATION, GIVE NAME: _____

| EDUCATION | NAME & LOCATION OF SCHOOL (CITY/STATE) | FROM | | TO | | GRADUATE YES/ NO |
|---|--|------|----|-----|----|---------------------|
| | | MTH | YR | MTH | YR | |
| ELEMENTARY | | / | | / | | |
| HIGH SCHOOL | | / | | / | | |
| COLLEGE | | / | | / | | |
| BUSINESS, TRADE OR MILITARY (SPECIFY) | | / | | / | | |

ADDITIONAL INFORMATION: State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills and qualifications from employment or other experience.

| FORMER EMPLOYERS | | | | | |
|---|----------------------------|-----------|----------|--------|--------------------|
| (LIST BELOW PREVIOUS EMPLOYERS, STARTING WITH LAST ONE FIRST) | | | | | |
| DATE | NAME & ADDRESS OF EMPLOYER | PHONE NO. | POSITION | SALARY | REASON FOR LEAVING |
| TO | | | | | |
| TO | | | | | |
| TO | | | | | |

AVAILABILITY: Please indicate the days and times you would be available to work.

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|--------|--------|---------|-----------|----------|--------|----------|
| | | | | | | |

ARE YOU WILLING ABLE TO WORK EXTENDED HOURS AND/OR WEEKENDS AS REQUIRED? _____
 YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE PAST 7 YEARS?
 (Excluding Misdemeanors and summary offenses, which have not been annulled or expunged)
 (A conviction record will not necessarily be a bar to employment)
 YES NO

*If yes, explain number of conviction(s), nature of offense(s) date of offense(s) committed, sentence(s) imposed, and type(s) of rehabilitation.

ARE YOU AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? _____
 YES NO

ARE YOU WILLING TO TAKE A PHYSICAL EXAMINATION AT OUR EXPENSE?: _____
 YES NO

ARE YOU NOW EMPLOYED?: _____ WHERE?: _____
 YES NO

CAN WE INQUIRE WITH YOUR PRESENT EMPLOYER?: _____ TELEPHONE NO: () _____
 YES NO

IN CASE OF AN EMERGENCY NOTIFY: (NAME, ADDRESS, PHONE NO.)

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR DISMISSAL AND THAT MY EMPLOYMENT IS SUBSTANTIALLY DEPENDENT ON TRUTHFUL ANSWERS TO THE FOREGOING INQUIRIES.

I UNDERSTAND THAT I MAY BE REQUIRED TO SUBMIT TO AND PASS DRUG SCREENING AND THAT THE COMPANY DOES NOT ALLOW THE UNLAWFUL USE OF DRUGS IN THE WORKPLACE.

I HAVE READ THESE STATEMENTS AND ANSWERS TO THESE INQUIRIES: _____
 YES NO

SIGNATURE: _____ DATE: _____