

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**PLEASE PRINT**

Position applied for:	Date of Application:
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

Last Name:	First Name:	Middle Name:	
Street Address:	City:	State:	Zip Code:
Telephone Number(s):	Date of Birth:	Social Security Number:	

If you are under 18 years of age, can you provide proof of your eligibility to work?       YES       NO

Have you ever filed an application with us before?       YES       NO  
 If yes, give date \_\_\_\_\_

Have you ever been employed with us before?       YES       NO  
 If yes, give date \_\_\_\_\_

Are you currently employed?       YES       NO

May we contact your current employer?       YES       NO

On what date would you be eligible for work? \_\_\_\_\_

Would you prefer to work       Fulltime       Partime

Have you ever received compensation for injuries?       YES       NO  
 If yes, describe: \_\_\_\_\_

Have you been convicted of a felony in the last 7 years?       YES       NO  
 If yes, please explain: \_\_\_\_\_

Person to be notified in case of accident or emergency:

Name:	Relationship:	Telephone:

<b>FOR OFFICE USE ONLY</b>				
Starting Date: _____	Starting Wage: _____	Dept: _____	Shift: _____	Badge#: _____

**EDUCATION**

	Name and Address of School	Course Study	Years	Diploma or Degree
High School				
College				
Trade School				

**EMPLOYMENT EXPERIENCE**

1	Employer:			
	Address:	Dates Employed		Work Performed
		From	To	
	Telephone:			
	Job Title:	Hourly Rate/Salary		
	Supervisor:	Start	Final	
	Reason for Leaving:			
2	Employer:			
	Address:	Dates Employed		Work Performed
		From	To	
	Telephone:			
	Job Title:	Hourly Rate/Salary		
	Supervisor:	Start	Final	
	Reason for Leaving:			
3	Employer:			
	Address:	Dates Employed		Work Performed
		From	To	
	Telephone:			
	Job Title:	Hourly Rate/Salary		
	Supervisor:	Start	Final	
	Reason for Leaving:			

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)