



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone:	()	E-mail Address:			
Date Available:		Social Security No.:		Desired Salary:	\$
Position Applied for: _____					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you 18 years old or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, your date of birth?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If yes, explain:					

Education

High School:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College: _____					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other: _____					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

References

Please list two references.

Full Name:		Relationship:		
Company:		Phone:	()	
Address: _____				
Full Name:		Relationship:		
Company:		Phone:	()	
Address: _____				

Hours you are available to work

Mon	Tue	Wed	Thurs	Fri	Sat	Sun
	Closed					

Previous Employment

Company:				Phone:	()
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?	YES	NO			
	<input type="checkbox"/>	<input type="checkbox"/>			

Company:				Phone:	()
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?	YES	NO			
	<input type="checkbox"/>	<input type="checkbox"/>			

Company:				Phone:	()
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?	YES	NO			
	<input type="checkbox"/>	<input type="checkbox"/>			

Military Service

Branch:			From:		To:	
Rank at Discharge:			Type of Discharge:			
If other than honorable, explain:						

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:			Date:	
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