



Employment Application

Applicant Information

| | | | |
|--|--|---|--|
| Full Name: | | Date: | |
| Street Address: | | | |
| City, State, ZIP Code: | | | |
| Phone: | () | Are you 19 years or older? | YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Date Available: | | Full Time: | YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Desired Position: | | Desired Salary: | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> NO <input type="checkbox"/> 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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company? | YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, when? | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, explain: | |
| Are you under a doctor's care for any reason? | YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Are you taking any medications? | YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, please list: | |
| In case of emergency contact: | Name: | Phone# | Relation: |
| What are your hobbies/special interests? | | | |

Education

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

References

Please list two professional references. (Should be non-relatives whom you have known for at least 1 year.)

| | |
|--------------------------|----------------------------------|
| Full Name: | Relationship/years known: |
| Company/ Address: | Phone: () |
| Full Name: | Relationship/years known: |
| Company/ Address: | Phone: () |

Previous Employment

| | |
|-------------------------|---------------------------------------|
| Company/Phone #: | Job Title: |
| From: | To: Reason for Leaving: |
| Company/Phone #: | Job Title: |
| From: | To: Reason for Leaving: |

Availability

| | | | | | | | |
|----------------------------|--------|---------|-----------|----------|--------|----------|--------|
| X where you are available. | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| AM | | | | | | | |
| PM | | | | | | | |

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: |
|-------------------|--------------|