



DATE: \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

**APPLICANT INFORMATION**

Last Name		First		M.I.	Date of Birth
Street Address				Apartment/Unit #	
City		State		ZIP	
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"/>					
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?					
Relatives including in-laws now employed by this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?					
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain					

**EMERGENCY CONTACT**

*Please list 2 emergency contact*

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

**EDUCATION**

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

**REFERENCES**

*Please list 2 professional references.*

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

**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 <input type="checkbox"/> NO <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 <input type="checkbox"/> NO <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 <input type="checkbox"/> NO <input type="checkbox"/>			

ADDITIONAL INFORMATION	SUN	MON	TUE	WED	THU	FRI	SAT
What days are you available to work?							
What hours are you available to work?							
Are there any days you cannot work? And why?							

Are you at least 18 years of age? YES  NO

Do you have reliable means of transportation to get to work daily? YES  NO

Do you have a telephone or have a phone where messages can be left? YES  NO  Phone \_\_\_\_\_

Can you perform the essential functions of the job for which you apply, with or without reasonable accommodation? YES  NO

Do you have any commitments that would/will limit your working time? If so, what accommodations would need to be made?

\_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts in this application is cause for dismissal. Further I understand and agree that my employment is for no definite period and may regardless of date of payment of my wages and salary be terminated at any time without any previous notice.

Signature	Date
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