



Date Received: _____
 Department Requested: _____

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin, ancestry, alienage or citizenship status, age, disability, sex, sexual orientation or any other characteristic protected by applicable federal, state or local laws.

We will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you believe you require such assistance to complete this form or to participate in an interview, please let us know.

GENERAL INFORMATION

LAST NAME	FIRST NAME	M.I.	DATE _____
STREET ADDRESS			HOME PHONE
CITY AND STATE			BUSINESS PHONE
ZIP CODE			WHEN WILL YOU BE ABLE TO BEGIN WORK?
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form I-9.			

IF YOU ARE UNDER 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT? Yes No

EMPLOYMENT INFORMATION

POSITION DESIRED _____ FULL TIME PART TIME TEMPORARY SALARY/RATE DESIRED _____ HOURS DESIRED _____

IS THERE ANYTHING THAT WOULD PREVENT YOU FROM WORKING ANY DAY OR TIME OF THE WEEK OR REGULARLY WORKING OVERTIME?
 YES NO

If yes, please specify the reasons **It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.**

HAVE YOU EVER BEEN EMPLOYED BY US? Yes No If yes, give date, location, title, name of supervisor, and reason for leaving.

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? Yes No If yes, give date.

DO YOU HAVE ANY RELATIVES WORKING FOR US? Yes No

If Yes, please identify them _____

PERSONAL REFERENCES

PLEASE LIST THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF TWO PERSONAL REFERENCES WHO HAVE KNOWLEDGE OF YOUR CAPABILITY TO PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING. PLEASE EXCLUDE RELATIVES AND FORMER EMPLOYERS.

EDUCATIONAL HISTORY

NAME AND LOCATION	COURSE OF STUDY	DEGREE OR DIPLOMA
HIGH SCHOOL		
COLLEGE		
GRADUATE SCHOOL		
OTHER SCHOOLING (VOCATIONAL, POST-GRADUATE)		

EMPLOYMENT HISTORY

Instructions for completing this section: Please print and list all prior employers, beginning with your PRESENT or MOST RECENT employer. Please attach additional sheets to this application if necessary. Complete all requested information in full. DO NOT include overtime, bonus, commissions, etc. in the base salary information. Please include as part of your employment history any verified work performed on a volunteer basis and/or work performed while in the military.

EMPLOYER (first most recent)		EMPLOYER (second most recent)	
Address		Address	
City	State	City	State
Dates Employed:		Dates Employed:	
From	To	From	To
Supervisor	Phone	Supervisor	Phone
Positions Held	Base Rate of Pay	Positions Held	Base Rate of Pay
Duties		Duties	
Reason For Leaving		Reason For Leaving	
EMPLOYER (third most recent)		EMPLOYER (fourth most recent)	
Address		Address	
City	State	City	State
Dates Employed:		Dates Employed:	
From	To	From	To
Supervisor	Phone	Supervisor	Phone
Positions Held	Base Rate of Pay	Positions Held	Base Rate of Pay
Duties		Duties	
Reason For Leaving		Reason For Leaving	

IS THERE ANY REASON WHY WE SHOULD NOT CONTACT ANY CURRENT OR FORMER EMPLOYER FOR A REFERENCE? YES _____ NO _____
 IF YES, PLEASE IDENTIFY THE EMPLOYER AND EXPLAIN WHY NOT.

PLEASE INDICATE ANY JOB-RELATED SKILLS AND QUALIFICATIONS YOU POSSESS WHICH WOULD HELP YOU PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING.

AVAILABILITY

Preference: Days only Nights only Days or Nights

Can you work Saturdays? Yes No

Can you work Sundays? Yes No

How many hours are you willing to be scheduled each week? _____

Please indicate the days and hours you are available to work.

Additional comments regarding your availability: _____

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

APPLICANT'S STATEMENT

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate, and complete. I understand that the omission or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal. Unless I noted otherwise, I authorize the Company to contact all my employment references and personal references, as well as the education institutions I have attended. I further authorize the Company to inquire about, investigate, and obtain copies of any records which relate to me from my former employers and educational institutions. I hereby release the Company and all affiliated persons and entities, as well as any person or institution that provides the Company with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation, or communication.

If hired, I agree to abide by all of the rules and regulations of the Company. I understand and agree that nothing in this application shall constitute an offer, a contract, or a guarantee of employment for a specific period of time. If hired, I understand **that my employment may be terminated with or without cause and with or without notice at any time, at the will of the Company or me. I further understand that no representative or agent of the Company, other than the Owner, has the authority to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to the foregoing. I also understand that any agreement modifying my at-will employment status must be in writing and signed by the Owner.** In addition, I understand that the Company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits, or other terms and conditions of employment.

I understand that any hiring decision is contingent upon my successful completion of all of the Company's lawful pre-employment checks, which will include a background check. I agree to execute any consent forms necessary for the Company to conduct its lawful pre-employment checks.

Date

Applicant's Signature

Applicant's Printed Name