

EMPLOYMENT APPLICATION

Prospective employes will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last name		First	Middle	Date
	Street Address				Home Phone
	City, State, Zip				Business Phone
	Have you ever applied for employment with us?				Cell Phone
	If yes, month and Year		Location		
	Position Desired _____				Pay Expected
	Where did you hear about this position?				
	Are you available for full-time work or part time work? What hours can you work?				Will you work overtime?
	Are you legally eligible for employment in the United States?				When will you be available to begin work?
	Other special training or skills (languages, machine operation, etc.)				Are you age 16 or over? Yes _____ No _____

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	COLLEGE					
	HIGH SCHOOL					
	Other					

S I G N A T U R E	The information provided in this Application for Employment is true. If employed, any misstatement or omission of fact on this application may result in my dismissal.	
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.	
	If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature of substance of the information contained in the report.	
	_____	_____
	Date	Signature

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone
	Address	Employed(State Month and Year)
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Descibe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed(State Month and Year)
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Descibe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed(State Month and Year)
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Descibe Your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed(State Month and Year)
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Descibe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact	DO NOT CONTACT
	Employer Number(s) _____ Reason _____