



EMPLOYMENT APPLICATION

G E N E R A L D A T A	Last Name		First Name		Middle Initial														
	Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
	If yes, please specify for a reference check:																		
	Present Address																		
	Number		Street		Apt.	City	State Zip Code												
	Home Telephone Number			Mobile Telephone Number (if different)															
	()			()															
	Position Applying For				Date of Application														
	Full Time or Part Time?																		
	Shift or Hours Preferred (please circle) <table style="width: 100%; text-align: center;"> <tr> <td>Monday</td> <td>Tuesday</td> <td>Wednesday</td> <td>Thursday</td> <td>Friday</td> <td>Saturday</td> <td>Sunday</td> </tr> <tr> <td>AM PM</td> <td>AM PM</td> <td>AM PM</td> <td>AM PM</td> <td>AM PM</td> <td>AM PM</td> <td>AM PM</td> </tr> </table>						Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday													
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM													

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative of your household? Yes No

P E R S O N A L D A T A	Person to notify in case of emergency					
	Name	Home Telephone Number	Relationship			
	Present Address					
	Number	Street	Apt	City	State	Zip Code
	How did you learn of this job opening?					
	<input type="checkbox"/> Advertisement		<input type="checkbox"/> Walk-In		<input type="checkbox"/> Relative	
<input type="checkbox"/> Employment Age		<input type="checkbox"/> Friend		<input type="checkbox"/> Other		
If under 18 years of age, can you submit a work permit after employment?						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						

E D U C A T I O N		High School	College	Trade, Professional or Other
	Name			
	Address			
	Number of Years			
	Course or Major			
	Diploma/Degree			

	Last/Present Employer	Length of Service (dates)		
		Start	Leave	
	Address			
	Telephone Number			

E M P L O Y M E N T H I S T O R Y	Supervisor's Name and Position	Hourly Rate/Salary	
		Starting	Finishing
	Your Job Title		
	May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Employer	Length of Service (dates)	
		Start	Leave
	Address		
	Telephone Number		
		Hourly Rate/Salary	
	Supervisor's Name and Position	Starting	Finishing
	Your Job Title		
	May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Length of Service (dates)		
	Start	Leave	
Address			
Telephone Number			
	Hourly Rate/Salary		
Supervisor's Name and Position	Starting	Finishing	
Your Job Title			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No			

S T A T E M E N T	I hereby certify that the information on this application is correct and complete to the best of my knowledge.
	I agree to have any of the statements checked by the company unless I indicate to the contrary. Further, I understand that the falsification or omission of any material on this application, if I receive a job offer may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all policies and procedures established by the employer.
	I hereby acknowledge that my employment is "at-will", that I may resign at any time and the Company may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the President of the Company.
	By: _____ Signature of Applicant _____ Date

For Company Use Only	
Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Date: _____
Job Title: _____	Salary: _____ Dept: _____
By: _____	_____
Name and Title	Date