

DATE _____



An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip Code _____

Telephone () _____ Social Security Number _____

Alternate Telephone Number: _____

Are you 18 years or older? Yes No

If you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Are you a U.S. citizen? Yes No Are you authorized work in the U.S.? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If Yes, please explain _____

Are you employed now? Yes No If Yes, may we contact your present employer? Yes No

On what date are you available for work? _____

Are you available to work seasonal: Full-Time Part-Time

Have you ever been employed here before? Yes No If Yes, give date _____

Do you have any physical, mental, or medical impairment or disability that would limit your job performance for the position for which you are applying? Yes No

If Yes, please explain _____

Are there workplace accommodations which would enable you to perform your job to your maximum capability? Yes No

If Yes, please indicate _____

REFERENCES: (Give the names of three persons not related to you, whom you have known at least one year)			
Name	Address	Business	Years Acquainted
1.			
2.			
3.			

EDUCATION				
SCHOOL	NAME & LOCATION	GRADUATED		SUBJECTS STUDIED
		YES	NO	
Grammar School				
High School				
College/ University				
Other (Please Specify)				

FORMER EMPLOYERS (List below last four employers starting with present or most recent)				
Date, Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

In Case of Emergency, Notify _____
 Address _____ Phone _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand, also, that I am required to abide by all rules and regulations of the company. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer, be terminated at any time without any previous notice.

Signed _____ Date _____