

NO AGENCIES PLEASE.

ALL INFORMATION MUST BE COMPLETED IN ORDER TO BE CONSIDERED FOR EMPLOYMENT

Date: _____

Name: _____

Address: _____

Telephone: _____ Soc. Sec. No.: (Optional) _____

Position(s) Applied For: _____

Rate of Pay Expected: \$ _____ per week Birthdate: (Optional) _____

Full Time: _____ Part Time: _____

Date Available For Work: _____

Method of Transportation To And From Work: _____

Please circle Yes or No:

YES NO Have you ever applied to us before?
If yes, when? _____

YES NO Have you ever been employed with us before?
If yes, when? _____

YES NO Do you have a relative or friend employed with us?
If yes, who? _____

YES NO May we contact your present employer?

YES NO Have you ever been convicted of a crime (other than a traffic violation)?
If yes, please explain _____

YES NO Have you been involved in any auto accidents, DUIs, driving violations, etc.
in the past 10 years?
If yes, please explain _____

YES NO If applying for a position that requires driving, do you have an appropriate license?

YES NO If applying for a position that requires driving, have you ever been ticketed for a
moving traffic violation?
If yes, please explain _____

YES NO Are you a citizen of the United States?

YES NO If no, does your immigration status permit you to work?
Proof must be provided: Visa, green card, Social Security card and driver's license.

List below all present and past employment, beginning with your most recent.

1	Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reason For Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.					

2	Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reason For Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.					

3	Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reason For Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.					

May we contact the employers listed above? _____ If not, indicate by number which one(s) you do not wish us to contact?

EDUCATION: Years Completed: 6 7 8 9 10 11 12 14 16 18 19 20 +

Are there any experiences, skills or qualifications which you feel would especially fit you for work with our company?

APPLICANT'S ACKNOWLEDGMENT

(This application shall be considered active for no more than 45 days. After that time, applicants will be required to resubmit a completed application. The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee.)

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Signature _____ Date _____

E/O/E • AA • D / V

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: YES NO Comments: _____

If employed, start date: _____ Hourly/Salary: \$ _____

Department: _____ Title: _____