

Date: _____

Revised 08/2017



An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Last Name _____ First Name _____ Middle _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Other Phone(____) _____

How did you hear about our company? _____

Are you over the age of 18? Yes No

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

Have you ever been convicted of a felony? 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 able 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 3 persons not related to you, whom you have known at least 1 year)

Name	Address	Business	Years Acquainted

EDUCATION

School Level	Name & Location	Graduated? (YES)	Graduated? (NO)	Subjects Studied
Elementary 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.

Signature _____ Date _____

Printed Name _____