

Employment Application Form

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

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APPLICATION FOR EMPLOYMENT

DATE _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

Telephone (____) _____

If under 18, do you have working papers? Yes No

Position applied for _____

Days/hours available to work
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____
 Thurs _____

How many hours can you work weekly? _____ Can you work nights? _____

Are you available to work holidays? Yes NO

Employment desired FULL-TIME PART-TIME FULL- OR PART-TIME

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes

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**Work
experience**

Please list your work experience for the past five years beginning with your most recent job held.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present/previous employers? Yes No

If no, please explain why _____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

-----DO NOT WRITE BELOW THIS LINE-----

INTERVIEWED BY _____ DATE _____

REMARKS
