



APPLICATION FOR EMPLOYMENT

Date _____

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____ DOB _____

Telephone _____ Cell _____

Emergency Contact _____ Relationship _____ Phone _____

Position(s) Applied For _____ Referred by _____

When can you start? _____ Desired Wage \$ _____

Are you a U.S. Citizen or otherwise authorized to work in the U.S.? Yes No

Are you looking for full-time or part-time employment? _____

What hours/day are you available? _____

Education

School name and Location	Year	Major	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____
Other Training _____	_____	_____	_____

In addition to your work history, are there any other skills, qualifications, or experience that we should consider? _____

Employment History (Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Position _____

Responsibilities _____

Reason for Leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Position _____

Responsibilities _____

Reason for Leaving _____

Attach additional information if necessary.

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is “at will” which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the owner, has any authority to alter the forgoing.

Signature _____

Date _____