



APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Date _____ Name _____
Address _____ City _____
State _____ Zip _____
Home Phone _____ Cell Phone _____
Other Phone _____ Email Address: _____
Position Sought _____ Experience for this position [] Yes [] No
How did you learn about the position? _____
Have you ever worked for any of our companies before? [] Yes [] No
If YES, When _____ Where _____
Date Available to Start _____ Desired Wage/Salary \$ _____
Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No
Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No
If yes, please describe circumstances:

Are you able to perform the duties for the position you are applying to? [] Yes [] No
If selected for employment, are you willing to submit to a pre-employment drug screening? [] Yes [] No *Are you 18 or over? [] Yes [] No

EDUCATION (Most Recent First)

| School Name | Location | Years Attended | Degree Received | Major |
|-------------|----------|----------------|-----------------|-------|
| | | | | |
| | | | | |
| | | | | |

List other information or skills pertinent to the employment you are seeking:

EMPLOYMENT HISTORY (Most Recent First)

| | |
|------------------------------------|--------------------------|
| Employer _____ | Job Title _____ |
| Dates Employed From _____ To _____ | Phone _____ |
| Starting Salary _____ | Ending Salary _____ |
| Duties Performed _____ | |
| Supervisor _____ | Reason for Leaving _____ |

May we contact your Supervisor? [] Yes [] No

Employer _____ Job Title _____

Dates Employed From _____ To _____ Phone _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Supervisor _____ Reason for Leaving _____

May we contact your Supervisor? [] Yes [] No

Emergency Contact Information Name _____ Phone _____

AVAILABILITY

List the times you're available to work. If available for all shifts, please write **OPEN**

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Holidays and Weekends are a requirement of employment. All applicants must have an availability listed on weekends for the employment application to be considered.

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or verbally during my interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date