



APPLICATION OF EMPLOYMENT



Position Applying for:		Desired Salary:	
Personal Information			
First Name:		Last Name:	Middle Initial:
Address:			
City:		State:	Zip:
Cell:		Email:	
SSN:		Do you have High School Diploma or GED? (Circle One) YES NO	
Position Information			
I am seeking: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PART TIME OR FULL TIME		Available to work: <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> WEEKENDS	
How many hours can you work a week?		Available Start Date:	
I certify that I am authorized to work in the United States. (Circle One) YES NO			
Have you ever been convicted of a felony, or entered a plea of guilty, no contest or had a withheld judgement to a felony? (Circle One) YES NO If yes, please explain:			
Do you have a valid driver's license? (Circle One) YES NO		State of DL:	DL #:
Have you had any accidents in the past three years? (Circle One) YES NO			
Have you had any moving violations during the past three years? (Circle One) YES NO			
Skills / Certifications / Training			
List any certifications / training / schooling done:			
List any special skills or experience that you feel would help you in the position that you are applying for:			
Military			
Have you been or currently active in the armed forces? (Circle One) ACTIVE YES NO			
Are you a member of the National Guard? (Circle One) YES NO			
References			
Please list three professional references not related to you.			
Name	Relationship	Phone	

Work history		
#1 - Current or Last Employer		
Company:	Start Date:	End Date:
City	State	
Supervisor Name:	Company Phone #:	
Job Title:		
Job Duties:		
Reason For Leaving:	Starting Salary:	Ending Salary:
May we contact this employer? (Circle One) YES NO		
#2		
Company:	Start Date:	End Date:
City	State	
Supervisor Name:	Company Phone #:	
Job Title:		
Job Duties:		
Reason For Leaving:	Starting Salary:	Ending Salary:
May we contact this employer? (Circle One) YES NO		
#3		
Company:	Start Date:	End Date:
City	State	
Supervisor Name:	Company Phone #:	
Job Title:		
Job Duties:		
Reason For Leaving:	Starting Salary:	Ending Salary:
May we contact this employer? (Circle One) YES NO		

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, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date