



Application for Employment

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.

Date of Birth: _____
Name (first-middle-last): _____
Street Address _____
City _____ State _____ ZIP _____
Telephone _____ Social Security # _____
Position applied for _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you willing to work every weekend and any night? Yes No

Are you willing to work holidays? Yes No

Are you willing to work swing shift? Yes No

You want to work: Part-time Full time

Please indicate the days and hours you CAN work.

Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____
Thurs _____

When can you start? _____

Because the hours and shifts are so varied, it is necessary for you to have a reliable method of transportation. Do you have reliable transportation? Yes No

You may be required to drive. Do you have a valid driver's license? Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes No

If yes, please describe conditions. _____

Employment History (Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

PLEASE READ CAREFULLY

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 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 president, has any authority to alter the foregoing.

Signature _____ Date _____