



APPLICATION

FOR

EMPLOYMENT

We are committed to a policy of equal treatment and opportunity in every aspect of our employment relations without regard to race, color, religion, sex, national origin, age, disability, genetic information or any other legally protected class status. This includes, but is not limited to, recruiting, hiring selection for training, transfers, promotion, compensation, and any company sponsored social and recreational programs.

PLEASE PRINT

Name _____ Date _____

Present Address _____
Street City State Zip

Email _____ Telephone (____) _____

Referred by Advertisement Agency Person Other _____

Are you legally eligible for employment in the U.S.A.? Yes No State age if under 18 _____

Position applying for _____ Salary expected _____

Are you available to work Full-time Part-Time Specify schedule limitations _____

Date available for work _____ List friends or relatives in our employ _____

Were you previously employed by us? Yes No If yes, when _____

Other name(s) used while attending schools or places of employment indicated on this form _____

Can you perform the primary functions of this job with or without reasonable accommodations? Yes No

Military Service? Yes No Branch of service and rank _____ Dates of Service _____

Special Training _____

EDUCATION

| Name and Location | Course of Study | Scholastic Average | Dates of Attendance | Graduated | | |
|-------------------|-----------------|--------------------|---------------------|-----------|---------|--------|
| | | | | Yes/No | Mo/Year | Degree |
| High School/GED | | | N/A | | N/A | |
| College | | | N/A | | N/A | |
| Vocational | | | | | | |
| Other | | | | | | |

Additional comments regarding education _____

SKILLS

List Computer Software Packages in which you are proficient _____

What languages do you:

Speak fluently _____

Point of Sale System (cash register) _____

write fluently _____

Other Skills _____

read fluently _____

EMPLOYMENT HISTORY

(List present or most recent employer first)

Name of Company _____ Address _____

Supervisor _____ Phone _____

Job Title _____ Date Started _____ Date Left _____

Job Description _____

Reason for Leaving:

Name of Company _____ Address _____

Supervisor _____ Phone _____

Job Title _____ Date Started _____ Date Left _____

Job Description _____

Reason for Leaving:

Name of Company _____ Address _____

Supervisor _____ Phone _____

Job Title _____ Date Started _____ Date Left _____

Job Description _____

Reason for Leaving:

Name of Company _____ Address _____

Supervisor _____ Salary _____ Phone _____

Job Title _____ Date Started _____ Date Left _____

Job Description _____

Reason for Leaving:

AUTHORIZATION FOR BACKGROUND CHECK: I authorize the company to verify employment, except as noted below, as well as conduct criminal and vehicular record check.

Indicate those you do not wish contacted: _____

Signed: _____ Date: _____

REFERENCES

Please list three persons other than relatives or personal friends, who can judge your work ability.

1) Name _____ Occupation _____

Address _____ Phone _____

2) Name _____ Occupation _____

Address _____ Phone _____

3) Name _____ Occupation _____

Address _____ Phone _____

Please use the space provided below to summarize any additional information necessary to fully describe your qualifications.

● PLEASE READ ●

All information written on this application is complete and accurate to the best of my knowledge. I understand that any misrepresentation of facts in this application disqualifies me from further consideration - or if employed - is grounds for dismissal. I understand that any employment offer is contingent upon satisfactory references and I authorize the company to investigate past employment and education history, as well as references given on application.

I understand that if employed such employment may be terminated for just cause, or no cause, by the company or myself at any time. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its Owner, and then only when in writing and signed by the Owner, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I fully understand and agree to all statements above.

Signature

Date

OFFICE USE ONLY

Interviewed by _____ Date _____

Referral Source _____ Hired _____ Not Hired _____

Starting Date _____ Position _____ Salary _____

Location _____ Reporting To _____