



## EMPLOYMENT APPLICATION

**General Information.** Please complete all requested information.

Today's Date		
Name(last)	(First)	(Middle)
Street Address		
City	State	Zip code
Telephone		(Email)

I am interested in:						
Full time <input type="checkbox"/> 30-40 hrs per week	Part time <input type="checkbox"/> 0-29 hrs. per week					
Minimum hourly wage desired	Date available for work					
Please indicate the hours you are available for work each day between 9a-9p						
S	M	T	W	TH	F	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Are you at least 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>						

**Employment Experience.** List your previous experience, beginning with you current or most recent position.

Employer		Starting Position	Starting Hourly Wage
Street Address		Most Recent Position	Most Recent Hourly Wage
Phone	Supervisor	Title	Duties
Reason for leaving		Dates of Employment Start: Month                      Year                      End: Month                      Year	

May we contact this employer? Yes  No

Employer		Starting Position	Starting Hourly Wage
Street Address		Most Recent Position	Most Recent Hourly Wage
Phone	Supervisor	Title	Duties
Reason for leaving		Dates of Employment Start: Month                      Year                      End: Month                      Year	

May we contact this employer? Yes  No

Employer		Starting Position	Starting Hourly Wage
Street Address		Most Recent Position	Most Recent Hourly Wage
Phone	Supervisor	Title	Duties
Reason for leaving		Dates of Employment Start: Month                      Year                      End: Month                      Year	

May we contact this employer? Yes  No

**References.**Business references preferred.

Reference				Reference					
Street address		City	State	Zip	Street address		City	State	Zip
Phone	Job Title			Phone	Job Title				
Length and nature of business relationship				Length and nature of business relationship					

**Education & Training:** Please include name and city for each school.

School Type	School Name and City	Number of years completed	Certification received (degree, Diploma etc.)	Type of course/major
High School				
College				
Other				
Additional training				

**Additional Employment History Inquiries**

<p>Have you ever been dismissed or forced to resign from any employment?          Yes            No          If yes, please explain:</p>
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**Disclaimer and Signature:**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

I understand that my employment may be terminated for just or unjust cause at any time by the company or myself at any time.

I understand and agree to the above terms.

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Signature Date