

Application for Employment

ABOUT YOU

Name _____ Nickname _____

Social Security No: _____ - _____ - _____ Home Phone _____ Message Phone _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

If you listed a message phone above, how often do you check for messages? _____

Do you have reliable transportation to meet any scheduled shift? _____

Can you read at a 6th grade level? _____ Have you been convicted of a felony? _____ If yes, give details on last page.

Have you ever worked for us before? _____ If so, under what name? _____

Do you have any friends or relatives working for us? _____ Who? _____

Can you provide proof that you are over 18 years old? _____ ...over 21 years old? _____ Are you a smoker? _____

Do you have a valid driver's license? _____ Class _____ State _____ License No. _____

Have you had any accidents or moving violations in the past three years? _____ If yes, please provide details on last page.

Have you ever been bonded? _____ Is there any reason why you could not be bonded? _____ If yes, describe on last page.

Do you have a legal right to work in the U.S.? _____ Can you provide documentation of your legal right to work? _____

Is there any reason why you could not perform all physical aspects of this job (including the ability to lift up to 50 lbs.)? _____
If yes, please provide details on last page.

Is additional information concerning change of name necessary to check work or education records? _____ If yes, explain.
(continue on last page if necessary)

Describe your use of drugs and alcohol: (continue on last page if necessary)

ABOUT THE JOB

For what position are you applying? _____ Salary Requirement: \$ _____ per _____

Would you accept another position? _____ If so, which one? _____

Which do you prefer? full time work part time work. If part time, about how many hours per week? _____

Which will you accept? full time work part time work

When could you start working for us full time? _____ When are you NOT available to work for us full time?

MON	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning
<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon
<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening
<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime

When could you start working for us part time? _____ When are you NOT available to work for us part time?

MON	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning
<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon
<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening
<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime

ABOUT YOUR WORK EXPERIENCE

(PLEASE START WITH YOUR MOST RECENT POSITION)

Resume Attached? YES NO

COMPANY _____ Mo/Yr Hired _____ Mo/Yr Left _____

Job Title _____ Reason for Leaving _____

No. Supervised: Starting _____ Ending _____ Starting Salary: \$ _____ per _____ Final Salary: \$ _____ per _____

Supervisor's Name _____ Position _____ Phone _____

Superior's Name _____ Position _____ Phone _____

Co-worker's Name _____ Position _____ Phone _____

Co-worker's Name _____ Position _____ Phone _____

Subordinate's Name _____ Position _____ Phone _____

Subordinate's Name _____ Position _____ Phone _____

Major Responsibilities and Accomplishments:

COMPANY _____ Mo/Yr Hired _____ Mo/Yr Left _____

Job Title _____ Reason for Leaving _____

No. Supervised: Starting _____ Ending _____ Starting Salary: \$ _____ per _____ Final Salary: \$ _____ per _____

Supervisor's Name _____ Position _____ Phone _____

Superior's Name _____ Position _____ Phone _____

Co-worker's Name _____ Position _____ Phone _____

Co-worker's Name _____ Position _____ Phone _____

Subordinate's Name _____ Position _____ Phone _____

Subordinate's Name _____ Position _____ Phone _____

Major Responsibilities and Accomplishments:

MORE ABOUT YOUR WORK EXPERIENCE

COMPANY _____ Mo/Yr Hired _____ Mo/Yr Left _____

Job Title _____ Reason for Leaving _____

No. Supervised: Starting _____ Ending _____ Starting Salary: \$ _____ per _____ Final Salary: \$ _____ per _____

Supervisor's Name _____ Position _____ Phone _____

Superior's Name _____ Position _____ Phone _____

Co-worker's Name _____ Position _____ Phone _____

Co-worker's Name _____ Position _____ Phone _____

Subordinate's Name _____ Position _____ Phone _____

Subordinate's Name _____ Position _____ Phone _____

Major Responsibilities and Accomplishments:

ABOUT YOUR EDUCATION

HIGH SCHOOL _____ City _____ State _____ Graduated? _____

No. Yrs. Completed _____ Major _____ Verification Phone (____) _____

COLLEGE _____ City _____ State _____ Degree _____

No. Yrs. Completed _____ Major _____ Verification Phone (____) _____

GRAD SCHOOL _____ City _____ State _____ Degree _____

No. Yrs. Completed _____ Major _____ Verification Phone (____) _____

Extracurricular activities:

Other training programs completed:

Professional memberships and certifications:

OTHER COMMENTS

Why would you be a good choice for this position?

✦ ✦ ✦ ✦ ✦

I certify the information above is complete and accurate to the best of my knowledge. I authorize the individuals, companies and agencies concerned to provide this company and its agents with all information necessary to verify the statements I have made in this application and I release them from any liability for so doing. I understand I must receive satisfactory references from previous employers, co-workers and subordinates (if any) before an offer of employment can be made. I understand that incomplete or unsigned applications will not be considered and that false, incomplete or misleading statements are grounds for my immediate discharge. I understand that any offer of employment is contingent upon my passing a prescribed physical examination, proving my identity and documenting my right to work. I understand these policies cannot be changed except in writing.

Signature _____ Print Name _____ Date _____