

APPLICATION FOR EMPLOYMENT

Name _____ Soc. Sec. # _____

Address _____

Phone 1 # _____ Phone 2 # _____ E-mail # _____

Position(s) applied for _____

Rate of pay expected: \$ _____ per hour/\$ _____ per week

Full-Time ___ Part-Time ___ Specify days and hours if Part-Time _____

If your application is considered favorable, on what date will you be available for work? _____

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here?
Please add any additional comments you think are important for us to consider. _____

Are you a U.S. citizen? Yes__ No__

If no, do you have a valid work permit? Yes__ No__

Have you ever been convicted of a felony? Yes__ No__

If yes, please explain. _____

Have you ever filed for Workman's Compensation? Yes__ No__

If yes, please explain. _____

Have you previously applied here? Yes__ No__

Do you have any physical conditions which would limit your performance of the job for which you are applying? Yes__ No__

If yes, please explain. _____

PERSONAL REFERENCES		
Name & Occupation	Address	Phone #
1)		
2)		
3)		

EDUCATION RECORD					
Name Of School	Dates Attended		Degree Awarded	Grade Avg.	Honors
	From	To			
High School					
College or University					
Other					

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WORK HISTORY

(BEGIN WITH MOST RECENT)

Name Of Company	Business Address			Phone #
Type Of Business	Immediate Supervisor	Employed From	To	
Exact Job Title	Earnings At Hire	Earnings At Termination	Reason For Termination	
Description of Duties				
Name Of Company	Business Address			Phone #
Type Of Business	Immediate Supervisor	Employed From	To	
Exact Job Title	Earnings At Hire	Earnings At Termination	Reason For Termination	
Description of Duties				
Name Of Company	Business Address			Phone #
Type Of Business	Immediate Supervisor	Employed From	To	
Exact Job Title	Earnings At Hire	Earnings At Termination	Reason For Termination	
Description of Duties				

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements or omissions made by me in this questionnaire. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I understand that any misleading or incorrect statements may render this applications void, and if employed, would be cause for termination. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause, the employer's only obligation being to pay salary or wages due and owing at the time of termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck (s) all monies due and owing to the company.

Signature _____ Date _____

We do not discriminate on the basis of race, religion, national origin, color,sex, age, veteran status or handicap. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.