

Name Date

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, sex, national origin, citizenship status, physical or mental disability, or past, present, or future service in the Uniformed Services of the U.S., or any other legally protected status. The use of this form does not mean there are positions open and does not obligate us in any way.

An Equal Opportunity Employer

	PERSO	NAL INFORMATION			
Name (Print)		Phone	Number		
· · ·			Social Security No.		
_		Date o	Date of Birth		
(City)	(State) (Z	Zip)			
Contact in Case o	f Emergency(N				
	(N	Jame)	(Teleph	one Number)	
If at present addre	ess less than one year, please give pre-	vious address			
Are you at least 1	8 years of age?YesNo	(Employment is subject to v	erification of minimum	legal age.)	
	documented proof of your identity an slicense, Social Security card, birth certif			Yes No	
Position(s) applied	for	How soon	could you report to work?		
Type of employmen	nt desiredFull-TimePart-Time_	Temporary Expected	Rate of Pay		
	rs, if part-time? Days		•		
		EDUCATION	From () AM	to () PM	
			Check Last Year	Graduate?	
Type of School	Name and Address of School	Courses Majored In	Completed	Show Degree	
Elementary/Middle			5 6 7 8		
High School			9 10 11 12		
College			1 2 3 4		
Post Graduate					
Have you applied fo		_No Have you ever workeFormer EmployeeWalk-In			
Have you ever been	bonded? Yes No	Have you ever been r	refused a bondY	es <u>No</u>	
If yes, state reason a	•				
	convicted of a violation of the law excep			e date, court, and plac	
	rred				
Have you ever been	discharged or requested to resign from a				
	now?YesNo If yes, n	nav we contact your present emi	oloyer? Yes	_No	
	a position of trust (handling money or con				



TRIOR WORK REC	CORD (Start with most recent or prese	on blogger and complete in rail.	
Name and Address of Most Rec	cent Employer	Telephone No.	
Immediate Supervisor (Name of	& Position)	Date Hired	
Job Title & Duties		Date Left	
Reason for Leaving		May we contact this employer? Yes	No
2. Name and Address of Former E	Employer	Telephone No.	
Immediate Supervisor (Name	& Position)	Date Hired	
Job Title & Duties		Date Left	
Reason for Leaving		May we contact this employer? Yes	No
3. Name and Address of Former F	imployer	Telephone No.	
Immediate Supervisor (Name	& Position)	Date Hired	
Job Title & Duties	_	Date Left	
Reason for Leaving		May we contact this employer? Yes	No
	REFERENCI (Do not list relatives or fo		
Name	Address	Telephone	
Name	Address	Telephone	
Name	Address Job Applicant's Agreeme	Telephone Telephone	
way, it shall be considered sufficier education and background, stateme my ability, character, reputation, an such information."	nt cause for denial of employment or dischargents, and I authorize past employers, all refered previous employment record. I release all sued in this employment application or in the	ects, and I agree that if the information given is found to be ge. I authorize the use of any information in this application rences, and any other persons to answer all questions aske uch persons from any liability or damages on account of have granting of an interview is intended to create an employr any benefit. No promises regarding employment have been	n to verify my ed concerning ving furnished ment contrac
between the company and myself for and I understand that no such promunderstand that I have the right to to "If I am offered employment, I ag continued employment are subject procedures." "I understand that if employed, poprocedures in whole or in part, at an	tise or guarantee is binding upon the company erminate my employment at any time and that tree to submit to a physical examination what to the results of any physical examination plicies, and rules which are issued are not company will be kept on active file for 3 6 5 days from	y unless made in writing. If an employment relationship is	ed and/or my policies and se policies o

(Signature of Applicant)

(Date)