



Today's Date _____

General Information

Name _____

Last First Middle

Present Address _____

Street City State Zip Code

Telephone Number _____

Email Address _____

Are you 18 years or older? Yes No

Are you legally authorized to work in the United States? Yes No

As required by law, documents that prove identity and eligibility to work must be provided at the time of hire.

Employment Desired

Position Applied For: _____

Work Availability

	AM	PM	Any
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date available to start work: _____ Salary Expectations: _____

Number of hours available to work per week: _____

Education & Military Experience

- Completed High School or GED Yes No
- Some College Yes No
- Associates, Bachelors, Graduate or Doctorate Degree Yes No
- Military Experience Yes No

Employment History

Attach resume **OR** complete information below

(Please Start With Your Present or Most Recent Position)

Name Of Employer:	Address:
Telephone Number:	Email Address:
Dates Employed: From: To:	Name And Title Of Supervisor:
Position:	Reason For Leaving:
Brief Description Of Your Work And Responsibilities:	
If present employee, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name Of Employer:	Address:
Telephone Number:	Email Address:
Dates Employed: From: To:	Name And Title Of Supervisor:
Position:	Reason For Leaving:
Brief Description Of Your Work And Responsibilities:	

Name Of Employer:	Address:
Telephone Number:	Email Address:
Dates Employed: From: To:	Name And Title Of Supervisor:
Position:	Reason For Leaving:
Brief Description Of Your Work And Responsibilities:	

Signature

APPLICANT: Please read the following carefully before signing this application.

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process may eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Company and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and this Company has the right to terminate my employment at any time, for any reason or no reason, with or without notice. This Company's policies and procedures, including employment at-will, cannot be modified in any way without express written intent to do so by the senior business leader of this organization.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- Unless otherwise noted above, I authorize this Company and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Company any job-related information, personal or otherwise, they may have regarding me and I release this Company and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Company which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that the company may conduct a criminal background investigation of me for the position for which I am applying and that a separate authorization to do so will be required. A conviction is not an automatic bar to consideration and/or employment

By signing below, I acknowledge that I have read and understand the above statements.

Date

(Signature of Applicant)