



Application For Employment

PERSONAL

Name: _____ Social Security Number: _____
Last First Middle

Current Address: _____ From _____ To _____
Street City State Zip Code

Previous Address: _____ From _____ To _____
Street City State Zip Code

Daytime Phone: _____ Evening Phone: _____

Have you ever worked for this Company? Yes No If yes, where? _____

Dates of Employment: From: _____ To: _____ Reason For Leaving: _____

EMPLOYMENT INTERESTS

Position You Are Applying For: _____ Date You Can Start: _____

Total Number of Hours Desired Per Week: _____ Expected Wage: _____

Type Of Employment Desired: (Please circle) Full Time Part Time Temporary (Dates) From: _____ To: _____

Days and Times Available (indicate a.m. and / or p.m.)

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------|--------|--------|---------|-----------|----------|--------|----------|
| From | | | | | | | |
| To | | | | | | | |

EDUCATION

| | High School | | | | College/University | | | | Other Education/Tech. School | | | |
|---|-------------|----|----|----|--------------------|---|---|---|------------------------------|---|---|---|
| Last Year Completed | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| GED/Diploma/Degree | | | | | | | | | | | | |
| Describe any extracurricular activities, clubs, hobbies, etc. | | | | | | | | | | | | |

GENERAL INFORMATION

Are you 18 years of age or older? (Please circle) Yes No

Do you have access to some reliable form of transportation? (Please circle) Yes No If yes, what type? _____

If employment is offered, can you submit verification of your legal right to work in the United States? (Please circle) Yes No

Have you ever been convicted of any crime, including a misdemeanor and/or felony, in the past seven years? (Please circle) Yes No
 If yes, for what offense(s) have you been convicted? When and where? _____

NOTE: The existence of a conviction record(s) does not constitute an automatic bar to employment. Your conviction record(s) will be considered only as it may substantially relate to the job for which you are applying.

EMPLOYMENT HISTORY

Provide a complete description of your employment history for the past FIVE years. Start with your PRESENT employer. Be sure to include dates of service in the armed forces and any unemployed or self-employed periods. Attach an additional sheet if necessary.
 NOTE: A resume does not substitute for completion of an employment history. Only a fully completed application will be considered for employment openings.

| Employer | Dates Employed (Mo/Yr) | Job Description / Responsibilities |
|-------------------------------|---|------------------------------------|
| Address/City/State/Zip Code | From: _____ To: _____ Hourly Rate / Salary | |
| Telephone Number(s) | Starting: _____ Final: _____ Employment Status (Please circle) | |
| Position Held Supervisor Name | Full Time Part Time Were You Ever Disciplined? (Please circle) Yes No | |
| Reason For Leaving | How Many Days Notice Given Before Leaving? | |
| | | |

Employment History Continued On Back Side

EMPLOYMENT HISTORY CONTINUED

| | | |
|---|---|------------------------------------|
| Employer | Dates Employed (Mo/Yr) From: _____ To: _____ | Job Description / Responsibilities |
| Address/City/State/Zip Code | Hourly Rate / Salary | |
| Telephone Number(s) | Starting: _____ Final: _____ Employment Status (Please circle) Full Time Part Time | |
| Position Held _____ Supervisor Name _____ | Were You Ever Disciplined? (Please circle) Yes No | |
| Reason For Leaving | How Many Days Notice Given Before Leaving? | |

| | | |
|---|---|------------------------------------|
| Employer | Dates Employed (Mo/Yr) From: _____ To: _____ | Job Description / Responsibilities |
| Address/City/State/Zip Code | Hourly Rate / Salary | |
| Telephone Number(s) | Starting: _____ Final: _____ Employment Status (Please circle) Full Time Part Time | |
| Position Held _____ Supervisor Name _____ | Were You Ever Disciplined? (Please circle) Yes No | |
| Reason For Leaving | How Many Days Notice Given Before Leaving? | |

ADDITIONAL INFORMATION

In addition to your work history, list any other job-related experiences, skills, or qualification you would like us to consider.

ADDITIONAL REFERENCES

List names and telephone numbers of two work or professional references who are not related to you and who are not listed as references in the Employment History.

| | | | |
|------|-------------------|-------------------|-------------|
| Name | () Work Phone | () Home Phone | Years Known |
| Name | () Work Phone | () Home Phone | Years Known |

Authorizations: Applicant, please read, provide the information requested and sign.

Drug Testing

I understand, if required by Company policy, that all prospective employees must submit to a controlled substance test upon a conditional offer of employment. A urine specimen will be collected at a collection site selected by the company and tested for controlled substances at a DHHS/SAMSHA-certified laboratory. I understand that if I decline to sign this consent and thereby decline to take the test, the conditional offer of employment will be withdrawn.

I hereby agree to voluntarily submit to a controlled substance test and further understand that if said test is verified as positive, that I will be considered unqualified for employment by the Company.

Applicant's Signature: _____

Parent's Signature (if applicant is a minor): _____

Employment Verification and Conditions

I certify that all of the information provided on this application is true to the best of my knowledge. I understand that the company may look to verify the information I have provided in this application for employment and that the company may conduct an investigation concerning my background to the company.

I understand that employment with the company is "at will", which means that either the Company or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the company, other than the president, has any authority to alter the foregoing.

I understand that this application is kept on file for one year. I have read, understood and have agreed to all of the statements above.

Signature As Shown On Social Security Card

Date of Application

Print Name As Shown On Social Security Card