



# APPLICATION FOR EMPLOYMENT



AN EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NO. ( ) \_\_\_\_\_ ARE YOU AT LEAST 18 YEARS OR OLDER? YES  NO  IF NO, A YOUTH EMPLOYMENT CERTIFICATE IS REQUIRED, IF HIRED ARE YOU ELIGIBLE TO WORK IN THE USA? YES  NO

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ PAY RATE DESIRED \_\_\_\_\_

ARE YOU EMPLOYEED? YES  NO  IF SO MAY WE INQUIRE YES  NO   
OF YOUR PRESENT EMPLOYER?

REFERRED BY \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS COMPLETED	DID YOU GRADUATE	SUBJECT STUDY OR TYPE OF DEGREE
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDANCE SCHOOL				

## FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND TELEPHONE NO. OF EMPLOYER	SALARY OR HOURLY RATE	POSITION	REASON FOR LEAVING

## REFERENCES: GIVE THE NAMES OF THREE JOB RELATED PERSONS THAT WE CAN CONTACT

NAME	COMPANY NAME	TELEPHONE #	YEARS AQUAINTED
1.			
2.			
3.			

**PRE EMPLOYMENT QUESTIONNAIRE**

1. Type of employment desired: (circle your choice)    Full time            Part time

Minimum and maximum hours desire per week \_\_\_\_\_ Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

2. Are you interested in ongoing training?    Y    or    N

3. Are you available to work in the months of August and December?    Y    or    N

4. Are you available to work on Saturdays and Sundays?    Y    or    N

5. What activities are you involved in? \_\_\_\_\_

**IN CASE OF**

EMERGENCY NOTIFY	NAME	ADDRESS	PHONE #

“I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.”

“IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY’S POLICIES AND PROCEDURES, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY’S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT’S OWNER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE OWNER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.”

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

-----DO NOT WRITE BELOW THIS LINE-----

REMARKS


NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED		POSITION	PAY RATE

APPROVED \_\_\_\_\_  
OWNER’S SIGNATURE

DATE \_\_\_\_\_