



EMPLOYMENT APPLICATION

NOTICE TO ALL APPLICANTS: We are an Equal Opportunity Employer. We hire and promote employees without regard to race, religion, age, sex, sexual preference, color, national origin, disability, military or worker's compensation status or any other protected status under city, state or federal laws.

INSTRUCTIONS: Please complete this application in full. Do not write "See Resume". Provide all reference information, including name, and valid contact numbers.

Today's date _____ Position applied for _____
(Please specify one current open position.)

Name _____ Email: _____
First Last

Address _____
No. / Street Apt. # City State Zip code

Main Phone No. _____ Alternative Phone No. _____

Can you provide proof of your legal eligibility to work in the United States? YES NO

Are you at least 18 years of age? [YES | NO

❖ Can you perform the essential functions of the position for which you are applying for with or without reasonable accommodation? YES | NO

❖ Have you been found to have committed abuse? YES NO

❖ Date you are available to start: _____

❖ What are days and times you are available to work? If so, please specify below:

Hours:	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	
								a.m.
								p.m.

Additional information: _____

❖ Can you work weekends and holidays? YES NO

❖ Are you referred by a current employee? YES- Employee Name: _____ NO

❖ Have you ever worked with this company, or any subsidiary of this company?
 YES NO If yes, please give which location(s), dates of employment and position(s) held:

EDUCATION AND FORMAL TRAINING

❖ Do you possess a high school diploma or GED certificate? YES | NO

❖ Please list Colleges, Military, Trades, Business or Other Schools Attended:

Name of School	Location City / State	Major Course of Study/ Program	Degree/ Credit Hours Earned
		❖ Did you graduate or complete the program? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		❖ Did you graduate or complete the program? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		❖ Did you graduate or complete the program? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY (Please list most current and/or relevant employment.)

Name of employer	Job title
Location City / State	Phone (include area code)
Name of supervisor	Employment Dates: From _____ to _____
Reason for leaving	

Name of employer	Job title
Location City / State	Phone (include area code)
Name of supervisor	Employment Dates: From _____ to _____
Reason for leaving	

Name of employer	Job title
Location City / State	Phone (include area code)
Name of supervisor	Employment Dates: From _____ to _____
Reason for leaving	

Please list any additional skills and experience relevant to the position which you are applying for, and provide explanation on any gap(s) in your employment history:

REFERENCES (We will need four references with at least 2 professional references and 1 character reference.)

Name:	Phone Number:
Relationship to reference:	Email:

Name:	Phone Number:
Relationship to reference:	Email:

Name:	Phone Number:
Relationship to reference:	Email:

Name:	Phone Number:
Relationship to reference:	Email:

PLEASE READ CAREFULLY, DATE AND SIGN: I authorize this company and its representatives to contact my current and/or previous employers and the references I've provided to verify all statements on this application, all resume and other materials submitted for the purpose of consideration for employment. I understand that I will need to show proof of employment authorization. I further understand that any falsification or misrepresentation of any information submitted, or omission may be cause for disqualification or immediate termination of employment if hired. I understand that any offer of employment and/or continued employment is contingent upon passing a Criminal Background Check and Reference Check. I also understand that any offer of employment is "at will" and not made for any specific period of time and that either the Company or I can terminate my employment at any time, for any reason, with or without notice.

Printed Name _____ Last 4 digits of SSN: _____

Signed _____ Date _____

NOTICE: YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS IT IS SIGNED AND DATED.