APPLICATION FOR EMPLOYMENT	An Equal Oppo	ortunity Employer	
Date of Application:	We are an equal o	pportunity employer. We con	mply with all applicable Federal, State and Local laws
	concerning discrir	nination in employment. N	No question in the application is intended to elicit
			l any information obtained in response to any question
be used in violation of any such law.			
PERSONAL INFORMATION			
Name		Social Security Number: Optional	
First Middle	Last		
Present Address			
Street City		State Zip	
Phone Number		Emergency Contact Name/Phone	
()			
When requested, can you provide genuine documentation		Date of Birth:	
establishing your identity and eligibility to be legally employed			
in the United States:		Are you 18 years or older?	
\square Yes \square No		☐ Yes ☐ No	
Have you been convicted of crime in the last 7 years?		If yes, when, where and what was the nature of the offenses?	
□Yes □ No			
AVAILABILITY			
Position Desired: Salary Desired:		How many hours per week do you wish to work?	
•			
Date you can start:		Hour Available	
		Su M T W Th F Sa	
		From:	
		To	
<u>EDUCATION</u>			
School most recently attended:		Location	
Highest Year or grade completed:		Did you graduate?	
Do you plan to return to school?		Major	
□Yes □ No If yes, When"?		Degree/Diploma	
EMPLOYMENT HISTORY			
Have you previously worked for this company? □Yes □ No If yes, When"?			
Who were your immediate supervisors?Reason for leaving?			
WORK EXPERIENCE List present and former employers beginning the most recent			
			Enough / To /
From / To /	From /	To /	From / To /
Employer Name	Employer Name		Employer Name
Type of Business Address	Type of Business Address		Type of Business Address
Address	Addless		Address
Phone Number	Phone Number		Phone Number
Position Held	Position Held		Position Held
Duties	Duties		Duties
2 unes	Dunes		
Supervisor	Supervisor		Supervisor
Super visor	Supervisor		50000
Starting Pay	Starting Pay		Starting Pay
Ending Day	Ending Day		Ending Post
Ending Pay	Ending Pay		Ending Pay
Reason for leaving	Reason for leaving		Reason for leaving
Reference checked?	Reference checked?	\Box Yes \Box No	Reference checked? □Yes □ No
By (initial)	By (initial)		By (initial)

I certify that the facts contained in this application are true and complete. I understand that, if employed, false statements or omissions on this application are grounds for dismissal.			
I authorize investigation of all statements contained herein. I further authorize all individuals, companies, schools, corporations, court and/or law enforcement agencies to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing the same to you.			
I understand and agree that, if hired, my employment is for no definite period and either the company or I can terminate the employment relationship at any time, with or without cause, and with or without notice. The employment relationship exists regardless of any other statements or policies to the contrary.			
With the exception of the federal Equal Pay Act, I agree to bring any claim relating to my employment or application for employment within the applicable statue of limitations period or within one year of the challenged action, whichever period is shorter, and to waive any statute of limitations to the contrary. In the event this provision is unenforceable, I agree to the extension of this period to allow its enforcement as far as legally possible.			
Signature Date			