



Application for Employment

QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP.

PERSONAL INFORMATION

APPLICATION DATE _____ REFERRED BY _____

NAME (LAST, FIRST MIDDLE) _____

MAIDEN NAME _____

MAILING ADDRESS _____ CITY, STATE _____

HOUSE AND STREET ADDRESS _____

SOCIAL SECURITY # _____ TELEPHONE # _____

U.S. CITIZEN? _____ BIRTH DATE _____

ARE YOU CURRENTLY EMPLOYED? _____ WHERE _____

DATE YOU CAN START? _____ SALARY DESIRED? _____

DO YOU HAVE ANY RELATIVES EMPLOYED HERE? _____ NAME _____

CAN YOU WORK WEEKENDS? _____ SUMMER EVENINGS? _____

ANY PHYSICAL LIMITATIONS? _____

ALLERGIES TO DUST OR PERFUME? _____

BACK OR FOOT PROBLEMS? _____

ARE YOU WILLING TO TAKE A DRUG TEST? _____

HAVE YOU USED A CASH REGISTER? _____

CAN YOU COUNT BACK CHANGE? _____

DO YOU HAVE SPECIAL SKILLS EXPERIENCE OR QUALIFICATIONS RELATED TO THE POSITION APPLIED FOR? _____

IN THE PAST 7 YEARS HAVE YOU EVERY BEEN CONVICTED OF A FELONY OR MISDEMEANOR THAT WOULD MAKE THIS JOB INAPPROPRIATE? _____

EDUCATIONAL HISTORY

HIGH SCHOOL ATTENDED _____ DATE GRADUATED _____

COLLEGE ATTENDED _____ YEAR LEFT OR GRADUATED _____

DO YOU SPEAK ANY OTHER LANGUAGE? _____ LANGUAGE SPOKEN _____

PERSONAL REFERENCES (NON-RELATIVES)

	NAME & CITY	PHONE	YEARS KNOWN
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY?

NAME _____ PHONE _____

PREVIOUS EMPLOYMENT

LIST MOST RECENT EMPLOYMENT FIRST & EXPLAIN GAPS IN EMPLOYMENT.

BUSINESS NAME _____ CITY _____ STATE _____
 FROM _____ TO _____ POSITION _____
 WAGE _____ REASON FOR LEAVING _____
 CONTACT PERSON _____

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 FROM _____ TO _____ POSITION _____
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 FROM _____ TO _____ POSITION _____
 WAGE _____ REASON FOR LEAVING _____
 CONTACT PERSON _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE _____ SIGNATURE _____