



APPLICATION FOR EMPLOYMENT

Full Name _____
 Street Address _____ Apt# _____
 City _____ State _____ Zip Code _____
 How long at this address? _____ If less than two years, previous address:
 Street Address _____ Apt# _____
 City _____ State _____ Zip Code _____
 Home Phone Number _____ Cell Phone Number _____
 E-mail Address _____ Best way to reach you _____
 Social Security Number _____ - _____ - _____
 Age _____ Birth Date _____
 If under 18, can you provide a work permit? Y N

AVAILABILITY

Type of employment desired: FULL TIME PART TIME TEMPORARY SEASONAL
 Date You Can Start _____ Are you employed now? Y N
 If so, may we contact your present employer? Y N
 Total hours available per week

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From							
To							

Are you legally able to be employed in the US? Y N

EDUCATION

School most recently attended? _____ Year _____
 Location _____ Phone Number _____
 Last grade completed _____ Graduated? Y N
 Sports/Extra-curricular Activities _____

EMPLOYMENT< Please list your last four employers, starting with the last one first>

	Name and Address of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

REFERENCES

1)Name _____ Years Known _____
Occupation _____ Phone Number _____

2)Name _____ Years Known _____
Occupation _____ Phone Number _____

3)Name _____ Years Known _____
Occupation _____ Phone Number _____

Are you capable of performing the essential functions of the job for which you have applied, with/without reasonable accommodation? Y N

Have you ever been convicted of violating any law (except minor traffic violations)? Y N

If yes, please attach a summary of details. Disclosure of a criminal record does not automatically disqualify you from employment consideration. Date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Person to contact in case of Emergency _____ Relation _____
Address _____ Home Phone _____
Work Phone _____ Cell Phone/Pager _____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements contained herein may result in my dismissal. I give my permission for the references and employers listed above to give you any and all information concerning my previous employers and any pertinent information they may have, personal or otherwise, and release the company from all liability for and damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by and authorized by a company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____ Signature _____