



EMPLOYMENT APPLICATION

Steps in completing this application are as follows. 1) Please read "Applicant Note" below. 2) Complete all pages in this packet. 3) If more space is needed to complete any question, use comments section on the last page of this application. 4) Print clearly; incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" if not answering a question. 5) Provide all requested information; not doing so will result in disqualification.

Applicant Note: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State			ZIP
Phone			E-mail Address			
Cell			Best form of contact:	Phone	Cell	Email
Date Available			Desired Salary			
Position Applied for						
Availability (Circle all that apply)	Full Time (May include weekends)		Part Time			
Shift interested in (Circle all that apply)	1 st : 7:00am – 3:30pm		2 nd : 3:30pm – 12:00am		3 rd : 12:00am – 8:30am	
How did you hear about this position?						

Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

EDUCATION

High School							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				MAJOR			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

JOB RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

Yes / NO	If the job requires, do you have the appropriate Valid driver's license?	DL#	
Please list any other licenses or certificates that may be job-related.			
Circle all that apply	Language in which you are fluent. English / Spanish / Bilingual / other. If other please list here: _____		

REFERENCES: INCLUDE ONLY INDIVIDUALS FAMILIAR TO YOUR WORK ABILITY. NO RELATIVES PLEASE.

NAME	PHONE
Where you worked together?	Years known:
NAME	PHONE
Where you worked together?	Years known:
NAME	PHONE
Where you worked together?	Years known:

PREVIOUS EMPLOYMENT: START WITH MOST RECENT

NOTE: YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS EVERY QUESTION IN THIS SECTION IS ANSWERED. SINCE WE RESERVE THE RIGHT TO CONTACT PREVIOUS EMPLOYERS, THE CORRECT TELEPHONE NUMBERS OF PAST EMPLOYERS ARE CRITICAL. FOR EMPLOYERS OUTSIDE U.S., A CURRENT FAX NUMBER IS MANDATORY.

Company				Phone	
Address				Supervisor	
Job Title					
Responsibilities					
From		To	Reason for Leaving		
	(Mo/Yr)	(Mo/Yr)			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company				Phone	
Address				Supervisor	
Job Title					
Responsibilities					
From		To	Reason for Leaving		
	(Mo/Yr)	(Mo/Yr)			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company				Phone	
Address				Supervisor	
Job Title					
Responsibilities					
From		To	Reason for Leaving		
	(Mo/Yr)	(Mo/Yr)			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I hereby certify that I have read and understand the applicant note on page one of this form and that the answers given by my to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and / or its agents including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools companies and law authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

If this application leads to employment, I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of any applicant's identity and legal authority to work in the United States.

Signature		Date	
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