



# Employment Application

<b>APPLICANT INFORMATION</b>						<b>Today's Date:</b>		
Last Name			First			M.I.		
Street Address					Apartment/Unit #			
City			State		Zip			
Phone		Email Address						
Available Start Date				Desired Pay				
Position you are applying for								
Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.								
What shift(s) are you available to work?		<b>Day, 7a-7p</b> <input type="checkbox"/>	<b>Night, 7p-7a</b> <input type="checkbox"/>	<b>Day, 7am-3pm</b> <input type="checkbox"/>	<b>Evening, 3pm-11pm</b> <input type="checkbox"/>	<b>Night, 11pm – 7am</b> <input type="checkbox"/>		
How did you hear about our company?		Newspaper <input type="checkbox"/>	Internet <input type="checkbox"/>	Radio Ad <input type="checkbox"/>	Walk - In <input type="checkbox"/>	Referral <input type="checkbox"/> Who?		
Are you legally authorized to work in the U.S.?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Proof of identity and eligibility will be required upon employment.</i>				
Have you applied here before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you worked here before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	When?
Have you ever been convicted of a felony (which was not expunged, sealed or dismissed) in the past 7 years? (Answering "YES" to this question will not automatically bar you from employment) Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes: Explain (Use the back of this page or additional pages if needed):								
<b>EDUCATION</b>								
<b>High School</b>				Address				
From	To	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree			
<b>College</b>				Address				
From	To	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree			
<b>Other</b>				Address				
From	To	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree			
<b>REFERENCES</b>								
<i>Please list three professional references.</i>								
Full Name				Occupation				
Relationship				Phone Number (      )				
Address								
Full Name				Occupation				
Relationship				Phone Number (      )				
Address								
Full Name				Occupation				
Relationship				Phone Number (      )				
Address								

**PREVIOUS EMPLOYMENT**

Please give accurate and complete information. Start with present or most recent employer, including self-employment, part-time work, military employment, and any work performed on a volunteer basis. Account for your entire employment history, including significant gaps in employment. All information must be included, even if you are attaching a resume.

Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?    Yes     No

Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?    Yes     No

Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?    Yes     No

**DISCLAIMER AND SIGNATURE**

**We are committed to a healthy and safe work environment. As a result, we are a smoke free, tobacco free facility.  
Smoking and Tobacco use is strictly prohibited during work hours and on company property at all times.**

**AT-WILL EMPLOYMENT**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either my employer or myself. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

**CERTIFICATION OF TRUTH AND ACCURACY**

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Signature	Date
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