



# EMPLOYMENT APPLICATION

APPLICANT INFORMATION				
Last Name		First		M.I.   Date
Street Address			Apartment/Unit #	
City		State		ZIP
Phone	Cell	E-mail Address		
Date Available		Referral Source		
Position Applied for				
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, 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?				
Have you ever been arrested or convicted of a crime that has not been annulled by a court? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain				
Are you the minimum working age of 16? YES <input type="checkbox"/> NO <input type="checkbox"/>				

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

REFERENCES	
<i>Please list three professional/personal references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

**PREVIOUS EMPLOYMENT**

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

**AVAILABILITY**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Indicate Availability to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/>						

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal.

Signature	Date
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