

(Please Print Plainly)



To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications, applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, or veteran status. A clear understanding of your background will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

PERSONAL

DATE: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____
NO. STREET CITY STATE ZIP TELEPHONE

PREVIOUS ADDRESS: _____
NO. STREET CITY STATE ZIP

EMERGENCY CONTACT: _____ TELEPHONE #: _____
NAME RELATIONSHIP

POSITION APPLIED FOR: _____ FULL TIME DAYS

WERE YOU PREVIOUSLY EMPLOYED BY US: YES _____ NO _____ PART TIME EVENINGS

ARE YOU A CITIZEN, ALIEN IMMIGRANT OR DO YOU POSSESS OTHER TEMPORARY STATUS WHICH PERMITS YOU TO WORK IN THIS COUNTRY: YES _____ NO _____ TEMPORARY NIGHTS

DO YOU HAVE A RELATIVE OR FRIEND EMPLOYED WITH US: YES _____ NO _____ SUMMER WEEKENDS

SKILLS

ARE THERE ANY EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK IN OUR COMPANY: _____

OTHER THAN ENGLISH, LIST ALL FOREIGN LANGUAGES YOU SPEAK OR WRITE: _____

WORK EXPERIENCE

From	To	Name and Address of Employer	Your Position and Duties	Additional Information	
Mo./Yr.	Mo./Yr.			Weekly Salary	
				Supervisor's Name and Title	
Permission to Contact		Phone No.		Reason for Leaving	
		Type of Business			
From	To	Name and Address of Employer	Your Position and Duties	Additional Information	
Mo./Yr.	Mo./Yr.			Weekly Salary	
				Supervisor's Name and Title	
Permission to Contact		Phone No.		Reason for Leaving	
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				Supervisor's Name and Title	
Permission to Contact		Phone No.		Reason for Leaving	
		Type of Business			

EDUCATION

School	Name and Location	Major Course	Highest Grade Completed	Diploma or Degree	Last Year Attended
High School					
College					
Trade, Business or Other					

PERSONAL REFERENCES

Name and Occupation	Address	Phone Number

PLEASE READ AND SIGN BELOW

THE FACTS SET FORTH IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, ANY FALSE STATEMENT ON THIS APPLICATION MAY RESULT IN DISMISSAL. I FURTHER UNDERSTAND THAT THIS APPLICATION IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT, NOR DOES THIS APPLICATION OBLIGATE THE EMPLOYER IN ANY WAY IF THE EMPLOYER DECIDES TO EMPLOY ME. I UNDERSTAND ALSO THAT IF EMPLOYED, I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER, AND THAT FINAL EMPLOYMENT IS SUBJECT TO SATISFACTORY COMPLETION OF A PROBATIONARY PERIOD. YOU ARE, HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY AND FINANCIAL AND CREDIT RECORD THROUGH ANY INVESTIGATIVE OR CREDIT AGENCIES OR BUREAUS OF YOUR CHOICE.

IN MAKING THIS APPLICATION FOR EMPLOYMENT I AUTHORIZE YOU TO MAKE AN INVESTIGATIVE CONSUMER REPORT WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, OR OTHERS WITH WHOM I AM ACQUAINTED. THIS INQUIRY, IF MADE, MAY INCLUDE INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. I UNDERSTAND THAT I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF ANY SUCH INVESTIGATIVE REPORT THAT IS MADE.

 Signature of Applicant

IN ACCORDANCE WITH THE RULES OF THE U.S. DEPARTMENT OF JUSTICE, IMMIGRATION AND NATURALIZATION SERVICE. ALL OF OUR EMPLOYEES, AT THE TIME OF HIRE MUST FILL OUT AN EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9). WE, AS THE EMPLOYER, MUST REVIEW AND VERIFY THE DOCUMENTS. BEFORE YOU FILL OUT AND SUBMIT AN APPLICATION, MAKE SURE YOU CAN PROVIDE THIS INFORMATION.