



# Employment Application

## Employment Information (General Information. Please complete all sections.)

Today's Date: \_\_\_\_\_

|                             |       |           |
|-----------------------------|-------|-----------|
| Name(last) (First) (Middle) |       |           |
| Street Address              |       |           |
| City                        | State | Zip Code  |
| Email Address               |       | Telephone |

|  |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I am interested in:  |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Full-Time / 30-40 hours per week                    |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Part-Time / 0-29 hours per week                     |                          |                          |                          |                          |                          |                          |
| Minimum hourly wage desired:   | Date available for work: |                          |                          |                          |                          |                          |
| Please indicate the hours you are available for work each day between 9a-9p: |                          |                          |                          |                          |                          |                          |
| Sun  | Mon                      | Tue                      | Wed                      | Thu                      | Fri                      | Sat                      |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you authorized to work in the United States?                             |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                     |                          |                          |                          |                          |                          |                          |
| Are you at least 18 years of age or older?                                   |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                     |                          |                          |                          |                          |                          |                          |

## Employment Experience

(List your previous experience, beginning with your current or most current position.)

|                            |  |
|----------------------------|--|
| Employer                   | Starting Position  |
| Street Address             | Most Recent Position   |
| Phone   Supervisor   Title | Duties   |
| Reason for leaving         | Dates of Employment<br>Start: Month - Year - End: Month - Year - |

May we contact this employer? Yes  No

|                            |  |
|----------------------------|--|
| Employer                   | Starting Position  |
| Street Address             | Most Recent Position   |
| Phone   Supervisor   Title | Duties   |
| Reason for leaving         | Dates of Employment<br>Start: Month - Year - End: Month - Year - |

May we contact this employer? Yes  No

|                            |  |
|----------------------------|--|
| Employer                   | Starting Position  |
| Street Address             | Most Recent Position   |
| Phone   Supervisor   Title | Duties   |
| Reason for leaving         | Dates of Employment<br>Start: Month - Year - End: Month - Year - |

May we contact this employer? Yes  No

## References (Business References Preferred)

|  |           |  |           |
|--|-----------|--|-----------|
| Reference                                  |           | Reference                                  |           |
| Street address<br>City State Zip           |           | Street address<br>City State Zip           |           |
| Phone                                      | Job Title | Phone                                      | Job Title |
| Length and nature of business relationship |           | Length and nature of business relationship |           |

## Education & Training (Please include name and city for each school)

| School Type         | School Name and City | Number of years completed | Certification received (degree, Diploma etc.) | Type of course/major |
|---------------------|----------------------|---------------------------|---|----------------------|
| High School         |                      |                           |   |                      |
| College             |                      |                           |   |                      |
| Other               |                      |                           |   |                      |
| Additional training |                      |                           |   |                      |

## Additional Employment History Inquiries

Have you ever been dismissed or forced to resign from any employment?  Yes  No  
If yes, please explain:

## Disclaimer and Signature:

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

I understand that my employment may be terminated for just or unjust cause at any time by the company or myself at any time.

I understand and agree to the above terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date