



# Employment Application

An Equal Opportunity Employer

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Are you 18 years of age or older \_\_\_\_\_ (proof of age or a work permit may be required) Social Security # \_ \_ - - - - -

Are you a U.S. Citizen \_\_\_\_\_ If not, are you legally employable in this country \_\_\_\_\_ (if hired, verification will be required)

Are you seeking part time or full time employment \_\_\_\_\_ Date available to start \_\_\_\_\_

Hours available: Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Do you have any special requests or needs for a work schedule \_\_\_\_\_

Name of school most recently attended \_\_\_\_\_ Last grade completed \_\_\_\_\_ GPA \_\_\_\_\_

Are you currently enrolled in School \_\_\_\_\_ If in school, are you involved in any sports or activities \_\_\_\_\_

Please list names of employers beginning with current or most recent employer first

Name of employer \_\_\_\_\_ Address \_\_\_\_\_ Job Title \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Beginning wage \_\_\_\_\_ Ending wage \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact \_\_\_\_\_

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Reason for leaving \_\_\_\_\_ May we contact \_\_\_\_\_

### Personal references

Name \_\_\_\_\_ How do you know them \_\_\_\_\_ Telephone # \_\_\_\_\_

Name \_\_\_\_\_ How do you know them \_\_\_\_\_ Telephone # \_\_\_\_\_

Name \_\_\_\_\_ How do you know them \_\_\_\_\_ Telephone # \_\_\_\_\_

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature \_\_\_\_\_

Date \_\_\_\_\_