

Please answer all questions completely in your handwriting in ink. Resumes are not accepted in lieu of completion of this application. NOTE: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

I. PERSONAL INFORMATION

Last Name	First	Middle	Date
Street Address			Phone Number ()
City	State	Zip	Cell Phone Number ()
Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" explain:		If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" name:		Email	
Are you able to perform the essential functions of the position as listed and described on the attached job description or as demonstrated by the company representative with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a crime, pled no contest, or been a defendant in a civil action for an intentional tort? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" list offense, date and disposition of the case (Convictions will not necessarily disqualify you for the position):			
Do you have a non-compete agreement or are you subject to any restrictive covenant with any of your former employers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please explain.			

II. EMPLOYMENT INTERESTS

Position Desired	Date Available	Pay Rate Expected	Are you able to work on holidays/weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
Type of Employment Desired Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Have you ever been employed by this company? <input type="checkbox"/> Yes When? _____ Position? _____ <input type="checkbox"/> No	Days and hours available for work:																						
	A M	P M	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Monday</th> <th>Tuesday</th> <th>Wednesday</th> <th>Thursday</th> <th>Friday</th> <th>Saturday</th> <th>Sunday</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday													
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday																	
How were you referred to our company? <input type="checkbox"/> Ad (Where) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Internet (Website) _____ <input type="checkbox"/> Walk-in _____ <input type="checkbox"/> Other (Please specify) _____																							

III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Circle last grade completed	Did you graduate?	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade Technical			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	

IV. SKILLS - If Applicable for Position for Which You Are Applying

Foreign Languages (indicate proficiency to speak, read and write)
PC Skills (Indicate software used)
Do you have any experience, training, qualifications or special skills that you think make you especially suited for work at this company? (Explain)

V. EMPLOYMENT INFORMATION (start with current or most recent employer). Account for all time periods including unemployment, self-employment and military service. (Attach separate paper(s), if necessary.)

1	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name					
2	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name					
3	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name					
4	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name					

VI. ACKNOWLEDGMENT

Please read carefully and sign below

I understand that any misrepresentation, falsification or omission of this application shall be sufficient reason for refusal to hire or, if discovered after employment has begun, dismissal of my employment. I hereby authorize investigation, including background checks, of all matters contained in this application and agree that if the results of such investigation are not satisfactory, any offer of employment may be withdrawn, or, if applicable, my employment may be terminated immediately. I agree to conform to and adhere to the rules and regulations governing my employment. Further, I understand and agree that this application and any other materials I may receive are not intended to be, nor shall be construed to be a contract of employment, and that my employment and compensation may terminate, with or without cause, and with or without notice, at any time, at the option of either myself or my employer. In consideration of any offer of employment, I hereby acknowledge, understand and agree that the following will constitute terms and conditions of any such employment: Any losses or expenses incurred by my employer, its clientele, or other third parties as a result of my unauthorized actions shall be immediately reimbursed to my employer on terms that are satisfactory and acceptable to my employer. To the extent permitted by law, I agree and hereby authorize my employer to reduce my wages for any sums owing by me hereunder.

Applicant Signature:

Date:

NOTICE TO APPLICANTS: This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. This employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability, veteran status, citizenship status, marital status, and other protected classes. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.