



APPLICATION FOR EMPLOYMENT

We appreciate your interest in joining our team and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

DATE DATE AVAILABLE FOR WORK

FIRST NAME INITIAL LAST NAME

ADDRESS

CITY STATE ZIP CODE HOW LONG HAVE YOU LIVED HERE?

EMAIL PHONE NUMBER

HOW WERE YOU REFERRED?

ONLINE AD WALK-IN EMPLOYEE REFERRAL OTHER ARE YOU 18 YEARS OR OLDER?

IF REFERRAL, FROM WHO?

POSITION DESIRED

ARE YOU APPLYING FOR:

FULL TIME PART TIME TEMPORARY

HOW MANY HOURS DO YOU WANT TO WORK PER WEEK? WHAT IS YOUR EXPECTED WEEKLY INCOME?

HAVE YOU EVER WORKED FOR ANY OF OUR ESTABLISHMENTS? IF YES, WHEN AND WHERE?

HAVE YOU EVER APPLIED AT ANY OF OUR ESTABLISHMENTS? IF YES, WHEN AND WHERE?

HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, PLEASE EXPLAIN

WHY DO YOU WANT TO WORK FOR OUR COMPANY?

PLEASE LIST YOUR AVAILABILITY:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

EDUCATION

	SCHOOL NAME		GRADUATED?	EXPECTED GRADUATION DATE
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		MAJOR/MINOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER		MAJOR/MINOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT / WORK EXPERIENCE

(PLEASE BEGIN WITH MOST RECENT OR CURRENT JOB)

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

DATES	COMPANY INFO	WAGES	JOB INFORMATION
FROM (MM/YY) <input type="text"/>	NAME <input type="text"/>	STARTING <input type="text"/>	JOB TITLE <input type="text"/>
TO (MM/YY) <input type="text"/>	PHONE NO. <input type="text"/>	ENDING <input type="text"/>	AVG HOURS/WEEK <input type="text"/>
	SUPERVISOR <input type="text"/>		

REASON FOR LEAVING

FROM (MM/YY) <input type="text"/>	NAME <input type="text"/>	STARTING <input type="text"/>	JOB TITLE <input type="text"/>
TO (MM/YY) <input type="text"/>	PHONE NO. <input type="text"/>	ENDING <input type="text"/>	AVG HOURS/WEEK <input type="text"/>
	SUPERVISOR <input type="text"/>		

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TO (MM/YY) <input type="text"/>	PHONE NO. <input type="text"/>	ENDING <input type="text"/>	AVG HOURS/WEEK <input type="text"/>
	SUPERVISOR <input type="text"/>		

REASON FOR LEAVING

AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, credit, or medical history with the appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that if my application results in employment, either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the company except those which have been acknowledged in writing, by the president or his designated representatives. I hereby authorize the firm to deduct from each and every period of my pay any amount necessary to offset any damages caused by me or the value of the property or money entrusted to me by, or owed by me to the firm during the course of my employment.

I agree that any action or suit against the firm arising out of my employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any action or claim arising out of my employment against the firm in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees, I further agree that my employment is conditional until such time as the results of my re-employment physical (if such physical is required) are known.

SIGNATURE

DATE

FOR STAFF USE ONLY:

EMPLOYEE NAME:

APPEARANCE EXCELLENT GOOD FAIR POOR

AVAILABILITY EXCELLENT GOOD FAIR POOR

PERSONALITY EXCELLENT GOOD FAIR POOR

POTENTIAL EXCELLENT GOOD FAIR POOR