



Application for Employment

8125 W. Fairview Avenue

Date: _____

Name (Last Name First): _____ Social Security No.: _____

Present Address: _____ City: _____ State: _____ Zip Code: _____

Permanent Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Referred By: _____

Employment Desired

Position: _____ Date Available: _____ Salary Desired: _____

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lunch							
Dinner							

Are You Currently Employed? Yes__ No__

If So, May We Contact Your Present Employer? Yes__ No__

Have You Ever Applied To This Company Before? Yes__ No__

If So, Where? _____ When? _____

Have you ever been convicted of a felony? Yes__ No__

If So, Explain _____

Education History

	Names & Locations	Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Trade School				

General Information

Subjects of Special Study/Research Work or Special Training/Skills? (Including U.S. Military Service)

Former Employers (START WITH MOST RECENT FIRST)

Month and Year	Name Address and Phone Number	Salary	Position	Reason for Leaving
From To				
From To				
From To				

References

Name	Relation	Years Known	Phone Number

Authorization

I certify that the facts contained in this application are true and complete to my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company Representative.

This Waiver does not permit the release or use of Disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature _____ Date _____

-----Do Not Write Below This Line-----

Neatness _____ Personality _____
 Hired _____ Dept. _____ Ability _____
 Character _____ Dept. Head _____ General Manager _____
 Approved _____ Position _____ Salary/Wages _____ Work Report _____