



Employment Application

APPLICANT INFORMATION			
First Name	Last	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available		Desired Salary	
Position Applied for (Be Specific)	First Choice:	Second Choice:	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

EDUCATION		
High School	Address	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Address	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list at least 1 professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Please continue job experience on back of application if it applies to position being applied for.

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER AND SIGNATURE</b>	
<p>I understand that the completion of this application does not indicate that there are any positions open and does not in any way obligate this company to hire me or offer me a job. I also understand that it is the policy of this company to promote a drug free environment for its associates and guests.</p> <p>I also understand that if hired my employment may be terminated by this company due to any misrepresentation, misinformation or inaccuracy of the statements and information contained on this employment application. I authorize the company to investigate all statements and information contained in this application for accuracy and completeness and to obtain any records or documents pertaining to my background and business experience as required by the government.</p>	
Signature	Date