



Employment Application

Employment Information (General Information. Please complete all sections.)

Today's Date: _____

Name(last) (First) (Middle)		
Street Address		
City	State	Zip Code
Email Address		Telephone

I am interested in:						
<input type="checkbox"/> Full-Time / 30-40 hours per week						
<input type="checkbox"/> Part-Time / 0-29 hours per week						
Minimum hourly wage desired:	Date available for work:					
Please indicate the hours you are available for work each day between 9a-9p:						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you authorized to work in the United States?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you at least 18 years of age or older?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						

Employment Experience

(List your previous experience, beginning with your current or most current position.)

Employer	Starting Position	Starting Hourly Wage
Street Address	Most Recent Position	Most Recent Hourly Wage
Phone	Supervisor	Title
Duties		
Reason for leaving	Dates of Employment	
	Start: Month - Year -	End: Month - Year -

May we contact this employer? Yes No

Employer	Starting Position	Starting Hourly Wage
Street Address	Most Recent Position	Most Recent Hourly Wage
Phone	Supervisor	Title
Duties		
Reason for leaving	Dates of Employment	
	Start: Month - Year -	End: Month - Year -

May we contact this employer? Yes No

Employer	Starting Position	Starting Hourly Wage
Street Address	Most Recent Position	Most Recent Hourly Wage
Phone	Supervisor	Title
Duties		
Reason for leaving	Dates of Employment	
	Start: Month - Year -	End: Month - Year -

May we contact this employer? Yes No

References (Business References Preferred)

Reference		Reference	
Street address City State Zip		Street address City State Zip	
Phone	Job Title	Phone	Job Title
Length and nature of business relationship		Length and nature of business relationship	

Education & Training (Please include name and city for each school)

School Type	School Name and City	Number of years completed	Certification received (degree, Diploma etc.)	Type of course/major
High School				
College				
Other				
Additional training				

Additional Employment History Inquiries

Have you ever been dismissed or forced to resign from any employment? Yes No
If yes, please explain:

Disclaimer and Signature:

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

I understand that my employment may be terminated for just or unjust cause at any time by the company or myself at any time.

I understand and agree to the above terms.

Signature

Date