

APPLICANT INFORMATION								
Last Name			First		M.I.	Social Security No.		
Street Address						Apartment/Unit #		
City			State			ZIP		
Phone (Home)			Phone (Cell)			Email		
Date Available to Work			Desired Position			Salary Expected \$		
How long does it take you to get here?			Do you have your own car?			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Desired Hours:	From: To:	M	T	W	TH	F	SAT	SUN
Are you legally authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>					How did you hear of the job?			
Do you have any relatives working for our company? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list names and relationship:								
Were you previously employed by this organization? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Date(s)?								
Have you ever been convicted of a felony, or pleaded no contest in a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 in the last two years (Conviction will not necessarily disqualify an applicant)? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:								
Is there any reason you cannot perform the essential functions of the position/positions for which you are applying? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:								
EDUCATION								
High School				Address				
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address				
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other – Related Skills:								
PREVIOUS EMPLOYMENT (PLEASE LIST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)								
DATES		NAME OF EMPLOYER		PHONE	SALARY	POSITION	REASON FOR LEAVING	
FROM								
TO								
FROM								
TO								
FROM								
TO								
REFERENCES (PLEASE LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)								
NAME		ADDRESS		PHONE	BUSINESS		YEARS KNOWN	
1								
2								
3								

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.
I hereby certify that the following statements, as well as those on any attachment(s) to this form, to the best of my knowledge are true and correct and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment.

I authorize you to communicate with all my former employers, schools, officials, and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for continuation of salary, wages, or employment related benefits.

You May Contact:
Present Employer Yes ☐ No ☐
Former Employer Yes ☐ No ☐
APPLICANT SIGNATURE _____ DATE _____
AN EQUAL OPPORTUNITY EMPLOYER—DISCRIMINATION IN EMPLOYEMENT PRACTICES BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN OR DISABILITY IS PROHIBITED.