



EMPLOYMENT APPLICATION

DATE

APPLICANT INFORMATION											
Name			Name wish to be called								
Street Address				DOB		Over 16?					
City			State		Zip						
Phone		Best time to call		Email							
Start Date		Wage Desired		Hours Desired							
Position Applied for			Shifts Desired		M	T	W	Th	Fri	Sat	Sun
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							

WORK EXPERIENCE						
Place			Address/Phone			
From	To	Position			Reason for leaving	
Ending Salary \$			May we contact this reference: Yes No			
Place			Address/Phone			
From	To	Position			Reason for leaving	
Ending Salary \$			May we contact this reference: Yes No			

EMERGENCY CONTACT	
<i>Please update information if there are changes</i>	
Full Name	Relationship
Address	Phone

How did you hear about us?

Notes/Comments:

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 release.	
Signature	Date

