

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Application For Employment

Personal Information

Name

Address			City		State		Zip		
Phone Number Mobile Number			Email Addı	Email Address					
Are You A U.S. Citizen? Yes No			Have You Yes 🗌	Have You Ever Been Convicted Of A Felony? Yes No					
Are you age 16 or older? Yes No									
Position									
Position You Are Applying For			Available S	Available Start Date			Desired Pay		
Employment Desired			Part Tin	Part Time Seasonal (Summer)					
Shift Availability – place check or X in boxes to acknowledge shifts you are available for									
Example Shift Times	Monday	Tuesday	Wednesday	Thursday	/ Friday	S	aturday	Sunday	
Noon - 3PM 3PM - 6PM									
6PM-10:30PM									
Education									
High School or College Name Location		Years	Attended	Graduation or Expected Graduation Date		Degree/Major if applicable			

Hobbies, Clubs, Special Interests

Employment History					
Employer (1)	Job Title		Dates Employed		
Work Phone	Starting Pay Rate		Ending Pay Rate		
Address	City State		Zip		
Employer (2)	Job Title		Dates Employed		
Work Phone	Starting Pay Rate		Ending Pay Rate		
Address	City	State	Zip		
Employer (3)	Job Title		Dates Employed		
Work Phone	Starting Pay Rate		Ending Pay Rate		
Address	City	State	Zip		
mployer (4) Job Title			Dates Employed		
Work Phone	Starting Pay Rate		Ending Pay Rate		
Address	City	State	Zip		

Special Skills (list any pertinent skills, certifications that would be relevant for the job you are applying for)

Signature Disclaimer

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.

Name (Please Print)	Signature
Date	