

# EMPLOYMENT APPLICATION (U.S.)

An Equal Opportunity Employer

## PERSONAL

Date	Last Name	First Name	Middle Name
Social Security Number			
Current Mailing Address	Street	City	State Zip
Permanent Address (if different from above)	Street	City	State Zip
Phone	Are you 18 or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, age		

## POSITION APPLYING FOR

Hours Available	M	T	W	TH	F	SA	SU	Are You Interested In: <input type="checkbox"/> Full <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Other (Specify)	
From									
To									
Date Available								Total Hours Available Per Week:	
Salary/Acceptable Per Hr.		Per Mo.		Have You Ever Worked for a Fast Food Restaurant Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, for Whom? From / / to / /	
Who Referred You To This Job (if applicable)?									
Address						Phone			
Have You Ever Been Convicted For Other Than A Minor Traffic Violation? (This Information May Be Considered In Hiring Or Job Placement, But Will Not Automatically Disqualify You For Employment). <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:									

## EDUCATION

Highest Grade Completed	College	Other (Specify)	Grade Point Average
7 8 9 10 11 12	1 2 3 4		

## ACTIVITIES

Class Organizations; Scholastic Honors and Other School Activities (At Your Option, You May Exclude Organizations Which Indicate Race, Creed, Color, National Origin or Religion)
Hobbies and Recreational Interests

## EMPLOYMENT RECORD

Name & Address of Present Employer						Employment Dates From / / To / /	
Supervisor's Name	Title	Phone	Position	Starting Salary	Final Salary		
Reason For Leaving				May We Contact This Employer <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, At A Later Date <input type="checkbox"/> No, Do No Contact			
Name & Address of Most Recent Employer (other than present if applicable)						Employment Dates From / / To / /	
Supervisor's Name	Title	Phone	Position	Starting Salary	Final Salary		
Reason For Leaving				May We Contact This Employer <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, At A Later Date <input type="checkbox"/> No, Do No Contact			

## EMERGENCY CONTACT

In Case of Emergency Contact	Phone
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