

APPLICATION FOR EMPLOYMENT

(Equal Employment Opportunity Employer)

GENERAL:

NAME _____

ADDRESS _____

TELEPHONE (____) _____ SOCIAL SECURITY NO. _____ - _____ - _____

DATE AVAILABLE FOR EMPLOYMENT _____

If employed and under 18, can you furnish a work permit? YES NO

Have you ever been employed by this company? YES NO

Are you employed now? YES NO

May we contact your present employer? YES NO

If yes, give name: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? YES NO

Type of work desired: _____

Wages desired: _____

Do you have a valid driver's license in this state? YES NO

License No. _____

Can you perform the essential functions of the job(s) for which you are applying? YES NO

Are you available to work: Full-time Part-Time Over-Time

EDUCATION:

| | ELEMENTARY | HIGH | COLLEGE | GRADUATE |
|-----------------|------------|------------|---------|----------|
| SCHOOL NAME | | | | |
| YEARS COMPLETED | 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| COURSE OF STUDY | | | | |

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

REFERENCES:

List 3 non-relatives who are familiar with your qualifications and actual work history and ability:

| | <u>Name</u> | <u>Occupation/Relationship</u> | <u>Years Known</u> | <u>Telephone No.</u> |
|----|-------------|--------------------------------|--------------------|----------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

EMPLOYMENT EXPERIENCE:

Start with your present or last job. List your last 4 jobs in order. Do not omit any job.

Employer

Supervisor's Name

Address

Your job position

Employed from _____ mo/yr to _____ mo/yr

Telephone No.

Your salary (hourly): Starting/Ending

Duties

What did you like most about your job?

What did you like least about your job?

Reason for leaving:

Employer

Supervisor's Name

Address

Your job position

Employed from _____ mo/yr to _____ mo/yr

Telephone No.

Your salary (hourly): Starting/Ending

Duties

What did you like most about your job?

What did you like least about your job?

Reason for leaving:

Employer

Supervisor's Name

Address

Your job position

Telephone No.

Employed from _____ mo/yr to _____ mo/yr

Your salary (hourly): Starting/Ending

Duties

What did you like most about your job?

What did you like least about your job?

Reason for leaving: _____

Employer

Supervisor's Name

Address

Your job position

Telephone No.

Employed from _____ mo/yr to _____ mo/yr

Your salary (hourly): Starting/Ending

Duties

What did you like most about your job?

What did you like least about your job?

Reason for leaving: _____

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any person or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

YES NO

I will be responsible for familiarizing myself with all rules and regulations of the Company as they presently exist or are later modified. *I recognize that my employment can be terminated, at the discretion of the Company or at my option, without notice, at any time, except as specifically set forth in a current employment agreement.*

YES NO

I also understand that no representative of the Company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the president.

YES NO

I have read, understand and agree with the above.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.