



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Last Name		First	Middle	Social Security No.
Street Address				Home Phone
Mailing Address				Work Phone
Position Applying For			Starting Salary Desired	Date You Can Start
Do You have any Physical Condition which may prevent you from performing the essential functions of the job you are applying for ? () Yes () No				Are you over 18 years of age ? () Yes () No
Are you available for full-time work? If not, give hours of availability. () Yes () No			Have you ever worked here before? If yes, Where and When? () Yes () No	
Are you eligible to work in the United States ? () Yes () No		If you possess a Lawful Alien Permanent resident Card, please give card number		
Who Referred you to us? () Agency () Ad () Employee () Other				
Have you ever been arrested or convicted of a crime () Yes () No If yes, please explain. (Arrest or conviction will not necessarily disqualify an applicant to employment.)				

SPECIAL TRAINING, EXPERIENCE OR SKILLS

DATE OF ATTENDANCE	List any special Training, Experience or skills (language, typing, O-J-T., computer, Ect.)

EMPLOYMENT HISTORY

Please provide all the information asked for. Employment will be verified.

Company Name	Telephone
Address	Employed (State Month and Year) From _____ To _____
Name of Supervisor	Reason(s) for Leaving
State Job Title and Describe your work	
Company Name	Telephone
Address	Employed (State Month and Year) From _____ To _____
Name of Supervisor	Reason(s) for Leaving
State Job Title and Describe your work	
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If you need additional space, please attach a separate sheet.

(COMPLETE REVERSE SIDE)

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EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	No. of Years Completed	Did you Graduate	DEGREE OR DIPLOMA
HIGH SCHOOL				() YES () NO	
COLLEGE				() YES () NO	
OTHER				() YES () NO	

APPLICANT'S CERTIFICATION & AGREEMENT

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I also authorize the companies, school or persons named above to give an information relevant to my bonafide employment qualifications. I hereby release said companies, schools or persons from all liability for any issuing this information.

I understand that employment at this company is "at will" which means that either I or the company can terminate the employment relationship at any time, with or without prior notice and for any reason not prohibited by federal or territorial laws. All employment is continued on that basis. I understand that no supervisor, manager or executive of the company, other than the Executive Vice President/General Manager has any authority to alter the foregoing.

_____ :
DATE

_____ :
SIGNATURE