

EMPLOYMENT APPLICATION



NAME _____ DATE _____

ADDRESS _____
Street Address Apartment/Unit #

_____ City State ZIP Code

PHONE _____ CELL YES OR NO _____

EMAIL ADDRESS _____

IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE SPECIFY YOUR AGE: _____ (THIS INFORMATION WILL BE USED ONLY FOR CHILD LABOR LAW PURPOSES).

WHAT DAYS OF THE WEEK ARE YOU AVAILABLE TO WORK? WHAT TIMES? (At least every other weekend required)

| | |
|-----------------|----------------|
| MONDAY _____ | FRIDAY _____ |
| TUESDAY _____ | SATURDAY _____ |
| WEDNESDAY _____ | SUNDAY _____ |
| THURSDAY _____ | |

ARE YOU AVAILABLE HOLIDAYS? (holidays required) YES or NO

HOW MANY HOURS ARE YOU LOOKING TO RECEIVE EACH WEEK? _____

EDUCATION HISTORY (current and previous)

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

| | Name, City and State of Educational Institution | Graduated | | Major | Minor |
|-------------------------------|---|-----------|----|-------|-------|
| | | Yes | No | | |
| High School | | | | | |
| College or University | | | | | |
| Technical/GED | | | | | |
| Licenses/ Certification/Other | | | | | |

EMPLOYMENT HISTORY

Please provide a list of previous employers, from the last 5 years or your last 3 employers, beginning with the most recent.

BUSINESS NAME _____

BUSINESS CITY _____ STATE _____

JOB DUTIES _____

SUPERVISOR'S NAME _____ CONTACT # _____

START DATE _____ STARTING WAGE _____

END DATE _____ ENDING WAGE _____

REASON FOR LEAVING _____

BUSINESS NAME _____

BUSINESS CITY _____ STATE _____

JOB DUTIES _____

SUPERVISOR'S NAME _____ CONTACT # _____

START DATE _____ STARTING WAGE _____

END DATE _____ ENDING WAGE _____

REASON FOR LEAVING _____

BUSINESS NAME _____

BUSINESS CITY _____ STATE _____

JOB DUTIES _____

SUPERVISOR'S NAME _____ CONTACT # _____

START DATE _____ STARTING WAGE _____

END DATE _____ ENDING WAGE _____

REASON FOR LEAVING _____

PLEASE EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY: _____

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN? YES NO

IF YES, EXPLAIN: _____

DID YOU RECEIVE ANY DISCIPLINE IN YOUR LAST 12 MONTHS OF ACTIVE EMPLOYMENT WITH YOUR PREVIOUS EMPLOYER?

YES NO IF YES, PLEASE EXPLAIN: _____

APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein (including but not limited to the Commercial Motor Vehicle Driver Supplement if applicable) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.

Signature: _____ Date: _____

OFFICE USE ONLY

Date Contacted for Interview: _____ Mgmt Int. _____ Reply Date: _____
(Phone or Email – circle one)

Date and Time of Interview: _____

NOTES: _____

Date Contacted for Employment: _____ Mgmt Int. _____ Reply Date: _____
(Phone or Email – circle one)