

EMPLOYMENT APPLICATION

PERSONAL INFORMATION			
NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	SOCIAL SECURITY NO.
ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	EMAIL ADDRESS		ELIGIBLE TO WORK IN USA?
EMPLOYMENT DESIRED			
POSITION	DATE YOU CAN START	APPLYING FT/PT?	SALARY DESIRED
WILL WORK MULTIPLE LOCATIONS? Y/N	RELIABLE TRANSPORTATION? Y/N	# OF HOURS/WK	SET OR FLEXIBLE SCHEDULE? S/F
EDUCATION - HISTORY			1
	NAME & LOCATION OF SCHOOL	GRADUATE	SUBJECTS STUDIED/DEGREE(S)
HIGH SCHOOL			
COLLEGE			
TRADE/LICENSING PROGRAMS			
FORMER EMPLOYERS			
1) NAME & ADDRESS OF EMPLOYER		START	END
POSITION HELD	REASON FOR LEAVING		1
2) NAME & ADDRESS OF EMPLOYER		START	END

REASON FOR LEAVING

POSITION HELD

3) NAME & ADDRESS OF EMPLOYER		START	END		
POSITION HELD	REASON FOR LEAVING				
REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)					
NAME	BUSINESS	YEARS KNOWN	RELATIONSHIP WITH REFERENCE		
ADDITIONAL COMMENTS/NOTES		l			
AUTHORIZATION "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.					
I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information					
I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.					
This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."					
SIGNATURE X			DATE X		