



# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

LAST NAME		FIRST NAME	
ADDRESS			
CITY		STATE	
ZIP CODE		PHONE	
EMAIL		SS #	
		18+ YEARS OLD? <input type="checkbox"/>	
PREFERRED CONTACT			
PHONE <input type="checkbox"/>		TEXT <input type="checkbox"/>	
		EMAIL <input type="checkbox"/>	

## EDUCATION HISTORY

	YEARS ATTENDED	GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL			

## EMPLOYMENT DESIRED

POSITION		DESIRED WAGE / HR		\$
AVAIL. START DATE		DESIRED HOURS / WEEK		
<b>SHIFT AVAILABILITY (CHECK ALL THAT APPLY)</b>				
MONDAY	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	
TUESDAY	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	
WEDNESDAY	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	
THURSDAY	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	
FRIDAY	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	
SATURDAY	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	
SUNDAY	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>		
OTHER (Give Details)				



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## CURRENT / FORMER EMPLOYERS

	NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
START			
END			
START			
END			
START			
END			

## REFERENCES

NAME	PHONE	BUSINESS	YEARS KNOWN

## AUTHORIZATION

"I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself."

**SIGNATURE**

**DATE**

X \_\_\_\_\_