



# EMPLOYMENT APPLICATION

| APPLICANT INFORMATION                   |  |                              |                             |   |                             |
|---|--|------------------------------|-----------------------------|---|-----------------------------|
| Last Name                               |  | First                        |                             | M.I.  | Date                        |
| Street Address                          |  |                              |                             | Apartment/Unit #  |                             |
| City                                    |  | State                        |                             | ZIP   |                             |
| Phone                                   |  | E-mail Address               |                             |   |                             |
| Date Available                          |  | Social Security No.          |                             | Desired Salary  |                             |
| Location Applying for                   |  |                              |                             |   |                             |
| Position Applied for                    |  |                              |                             |   |                             |
| Are you a citizen of the United States? |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.?          |                             |
|   |  |                              |                             | YES <input type="checkbox"/>                            | NO <input type="checkbox"/> |
| Are you over 18 years of age?           |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |   |                             |
| Do you have a current Drivers License?  |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, Do you have access to a vehicle to use for work? |                             |
|   |  |                              |                             | YES <input type="checkbox"/>                            | NO <input type="checkbox"/> |
| Have you ever worked for this company?  |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?  |                             |

| EDUCATION   |    |                   |                              |                             |        |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|
| High School |    |                   | Address                      |                             |        |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College     |    |                   | Address                      |                             |        |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

| REFERENCES  |              |
|---|--------------|
| <i>Please list three professional references.</i> |              |
| Full Name   | Relationship |
| Company   | Phone ( )    |
| Address   |              |
| Full Name   | Relationship |
| Company   | Phone ( )    |
| Address   |              |
| Full Name   | Relationship |
| Company   | Phone ( )    |
| Address   |              |

| PREVIOUS EMPLOYMENT   |                    |                    |  |
|---|--------------------|--------------------|--|
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |

| AVAILABILITY  |     |     |     |     |     |     |     |           |
|---|-----|-----|-----|-----|-----|-----|-----|-----------|
| PLEASE PUT ALL TIMES THAT YOU ARE AVAILABLE FOR WORK. |     |     |     |     |     |     |     |           |
| Day   | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Total Hrs |
| AM  |     |     |     |     |     |     |     |           |
| PM  |     |     |     |     |     |     |     |           |

| DISCLAIMER AND SIGNATURE  |      |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge.  |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination. |      |
| Signature   | Date |

| FOR OFFICE USE ONLY:   |                        |                   |  |
|--|------------------------|-------------------|--|
| Hired <input type="checkbox"/> Yes <input type="checkbox"/> No | Position: _____        | Start Date: _____ |  |
| Pay Rate: Hourly: \$ _____/hour                                | Salary: \$ _____/month | Store#: _____     |  |