

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date						
Last name		First name		Middle name_		
Street Address _						
City	Sta	ate ZIP _				
Telephone		Social S	Security #			
provide docume	ntation.) 🗖 Yes 🛭 full time employe	e authorized to wo I No ment? I Yes I		an unrestricted ba	sis? (You may be	required to
What hours are y	ou avallable?					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
☐ Yes ☐ No If yes, please des ———————————————————————————————————	cribe conditions.					
•	e you applying fo	r? 🗖 Director 📮				
How did you hea	r of this opening?					
Have you ever ap	pplied for employ	ment here? 🗖 Yes	i □ No			
Have you ever be When?		this company? 🗖	Yes 🗖 No			
Are you presently						
		olover? □ Yes □	No			

Are you available	e for full-time work? 🔲 Yes 🔲 N	0		
Are you available	e for part-time work? 🗖 Yes 🔲 No	0		
Are you willing to	o travel? 🗖 Yes 🔲 No If yes, wha	at percent?		
Date you can sta	rt			
Desired position				
Desired starting	salary			
Please list applic	able skills			
Education				
:	School Name and Location	Year	Major	Degree
High School				
College				
College				
Post-College				
Other Training _				
	ur work history, are there are othe			
Please list any sc	holastic honors received and office	es held in school.		
Are you planning	g to continue your studies? 📮 Yes			
If yes, where and	d what courses of study?			
Employment His	story (Start with most recent en	nployer)		
Company Name				
Address		Telephone		
Date Started	Starting Wage	Starting Position		
Date Ended	Ending Wage	Ending Position		
Name of Supervi	sor			
May we contact?	? □ Yes □ No			
Responsibilities				

Reason for leaving		
Company Name		
Address		Telephone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor		
May we contact? ☐ Yes	□ No	
Responsibilities		
Reason for leaving		
Company Name		
Address		Telephone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor		
May we contact? \square Yes	□ No	
Responsibilities		
Reason for leaving		
Company Name		
Address		Telephone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor		
May we contact? \square Yes	□ No	
Responsibilities		
Reason for leaving		
Company Name		
Address		Telephone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage	Ending Position

Name of Supervisor		
May we contact? \square Ye	s 🗖 No	
Responsibilities		
Reason for leaving		
Company Name		
Address		Telephone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor		
May we contact? 🗖 Ye	s 🗖 No	
Responsibilities		
Reason for leaving		
References		
List three personal refe	rences, not related to you,	who have known you for more than one year.
Name	Phone	Years Known
Address		
Name	Phone	Years Known
Address		
Name	Phone	Years Known
Address		
Emergency Contact		
In case of emergency, p	please notify:	
Name		Phone
Address		
	Phone	
Address		

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the
employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All
employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature	Date