



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME _____ SS# _____

LAST FIRST MIDDLE

PRESENT ADDRESS _____

STREET CITY STATE ZIP

PERMANENT ADDRESS _____

STREET CITY STATE ZIP

PHONE # _____ ARE YOU 18 YEARS OLD OR OLDER? YES NO

EMPLOYMENT DESIRED

POSITION DESIRED? _____ DATE YOU CAN START? _____ SALARY DESIRED? _____

DO YOU HAVE LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? _____

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS? _____

ARE YOU PRESENTLY EMPLOYED? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

IF RELATED TO ANYONE EMPLOYED BY US, STATE NAME AND LOCATION _____ REFERRED BY? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, EXPLAIN _____

AVAILABILITY

★ STORES OPEN 10 A.M. - MIDNIGHT EVERY DAY ★

	SUN	MON	TUES	WED	THURS	FRI	SAT
AM							
PM							

EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DEGREE RECEIVED	MAJOR OR SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN THE NATIONAL GUARD OR RESERVES _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

ACTIVITIES, HOBBIES, PROFESSIONAL ASSOCIATIONS & INTERESTS (EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.) _____

PERSONAL AND CAREER GOALS _____

IN CASE OF EMERGENCY NOTIFY _____

NAME ADDRESS PHONE #

FORMER EMPLOYERS

LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT.

EMPLOYED FROM _____ TO _____ REASON FOR LEAVING _____

EMPLOYED BY _____
EMPLOYER NAME ADDRESS PHONE

POSITION _____ SALARY _____

RESPONSIBILITIES _____

EMPLOYED FROM _____ TO _____ REASON FOR LEAVING _____

EMPLOYED BY _____
EMPLOYER NAME ADDRESS PHONE

POSITION _____ SALARY _____

RESPONSIBILITIES _____

EMPLOYED FROM _____ TO _____ REASON FOR LEAVING _____

EMPLOYED BY _____
EMPLOYER NAME ADDRESS PHONE

POSITION _____ SALARY _____

RESPONSIBILITIES _____

EMPLOYED FROM _____ TO _____ REASON FOR LEAVING _____

EMPLOYED BY _____
EMPLOYER NAME ADDRESS PHONE

POSITION _____ SALARY _____

RESPONSIBILITIES _____

REFERENCES

LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE	CITY/STATE	BUSINESS	YEARS ACQUAINTED

"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 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 ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE."

DATE _____ SIGNATURE _____

