



EMPLOYMENT APPLICATION

SOCIAL SECURITY NO. Available upon request

NAME _____ STREET _____
ADDRESS _____
FIRST MIDDLE INITIAL LAST
APT NO. _____
OR _____
BOX _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

ARE YOU 18 YES
OR OLDER? NO, IF NOT, BIRTH DATE _____

AVAILABILITY:

TOTAL HOURS AVAILABLE PER WEEK _____ ARE YOU LEGALLY ABLE TO
BE EMPLOYED IN THE U.S. YES NO
HOURS AVAILABLE:

	M	T	W	TH	F	S
FROM						
TO						

HOW DID YOU HEAR OF JOB? _____ DO YOU HAVE TRANSPORTATION TO WORK? _____

SCHOOL MOST RECENTLY ATTENDED:

NAME _____ ADDRESS _____ CITY _____ STATE _____ PHONE _____
MAJOR OR LAST GRADE _____ GRADE POINT _____
FAVORITE SUBJECT _____ COMPLETED _____ AVERAGE _____
SPORTS, ACTIVITIES _____
GRADUATED YES NO OR _____
HOBBIES _____

TWO MOST RECENT JOBS:

COMPANY _____ ADDRESS _____ CITY _____ STATE _____
PHONE _____ JOB _____
DESCRIPTION _____

SUPERVISOR _____ DATES WORKED: FROM _____ TO _____

SALARY OR WAGE _____ REASON FOR LEAVING _____ MGMT. REFERENCE CHECK DONE
BY _____

COMPANY _____ ADDRESS _____ CITY _____ STATE _____
PHONE _____ JOB _____
DESCRIPTION _____

SUPERVISOR _____ DATES WORKED: FROM _____ TO _____

SALARY OR WAGE _____ REASON FOR LEAVING _____ MGMT. REFERENCE CHECK DONE
BY _____

WE ARE A NON-SMOKING BUSINESS AND DO NOT ALLOW SMOKE BREAKS DURING THE WORK DAY. CAN YOU WORK UNDER THESE CONDITIONS?

DO YOU HAVE ANY PRE-EXISTING MEDICAL CONDITION OR PHYSICAL LIMITATIONS?

NO
 YES
EXPLAIN _____

SIGNATURE _____ DATE _____