

Application for Employment



FILL ALL AREAS COMPLETELY OR EMPLOYMENT WILL NOT BE CONSIDERED

PERSONAL INFORMATION

Name	Date	
Present Address	City	State
Permanent Address	City	State
Phone No.		
Email		

Social Security No.

Date of Birth

Referred By

Date you can start

EMPLOYMENT DESIRED

Position	
Salary Desired	
Are you employed?	If so, may we inquire of your employer?
Ever applied to this company before?	If so, when?

EDUCATION HISTORY

	Name and Location of School	Years Attended	Did you Graduate?
High School			
College			
Trade/Business School			

GENERAL INFORMATION

Special study/skills/training

FORMER EMPLOYER

	Name of Employer and Phone Number	Salary	Position	Reason For Leaving
From:				
To:				
From:				
To:				
From:				
To:				

AVAILABILITY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Check box if you are available to work Lunch							
Check box if you are available to work Dinner							

FILL ALL AREAS ON BACK OF SHEET COMPLETELY OR EMPLOYMENT WILL NOT BE CONSIDERED (SEE REVERSE SIDE)

REFERENCES (Professional References Only)

Name & Contact Number:	Address	Business	Years Known

AUTHORIZATION

"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 authorized investigation of all statements contained herein and the references and employers 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 the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disability Act (ADA)

DATE:

SIGNATURE: