



**AN EQUAL OPPORTUNITY  
EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

<b>NAME</b>	<b>EMAIL ADDRESS</b>
<b>ADDRESS (street, city, state, zip code)</b>	<b>CELL TELEPHONE #</b>
	<b>HOME TELEPHONE #</b>
<b>ARE YOU ELIGIBLE TO WORK IN THE U.S.?</b> CIRCLE ONE <b>YES</b> <b>NO</b>	<b>ARE YOU AT LEAST 18 YEARS OF AGE?</b> CIRCLE ONE <b>YES</b> <b>NO</b>
<b>IF HIRED, YOU WILL BE REQUIRED TO PROVIDE PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES PRIOR TO BEGINNING EMPLOYMENT (THE IMMIGRATION REFORM AND CONTROL ACT OF 1986).</b>	
<b>HOW WERE YOU REFERRED TO US? PLEASE BE SPECIFIC.</b>	
<b>HAVE YOU EVER BEEN CONVICTED OF A CRIME?</b> CIRCLE ONE <b>YES</b> <b>NO</b>	
<b>IF YES, PLEASE GIVE THE NATURE OF THE OFFENSE, THE DATE, THE COURT, AND THE SENTENCE IMPOSED.</b> <small>A CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.</small>	

<b>POSITION FOR WHICH YOU ARE APPLYING</b> CIRCLE ONE <b>FULL-TIME</b> <b>PART-TIME</b> <b>SEASONAL</b>	<b>SALARY REQUIREMENT</b>	<b>DATE AVAILABLE</b>
--	---------------------------	-----------------------

**AVAILABILITY**

<small>HOURS</small>	<b>SUN</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THUR</b>	<b>FRI</b>	<b>SAT</b>	<small>TOTAL HOURS AVAILABLE PER WEEK</small>
<b>FROM</b>								
<b>TO</b>								

ARE YOU WILLING TO WORK OVERTIME, WHEN AND AS REQUIRED? (CIRCLE ONE)      **YES**      **NO**

**EDUCATION**

<b>EDUCATION</b>	<b>NAME OF SCHOOL</b>	<b>CITY, STATE</b>	<b># OF YEARS COMPLETED/DEGREE</b>
HIGH SCHOOL			
COLLEGE			
ADDITIONAL COLLEGE/TRAINING			

**EMPLOYMENT HISTORY**

<b>HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN , OR HAVE YOU EVER RESIGNED BY MUTUAL AGREEMENT FROM ANY POSITION? (CIRCLE ONE)</b> <b>YES</b> <b>NO</b>
<b>IF YES, PLEASE EXPLAIN:</b>

**EMPLOYMENT HISTORY CONT.**

ENTER ON LINE (1) NAME OF EMPLOYER (2) STREET ADDRESS (3) CITY/STATE/ZIP (4) TELEPHONE NUMBER				
PRESENT TO LAST EMPLOYER LIST	DATES	SALARY	NATURE OF WORK AND SUPERVISOR'S NAME	REASON FOR LEAVING
1	FROM MO./YR.	AT START		
2				
3	TO MO./YR.	LEAVING		
4				
1	FROM MO./YR.	AT START		
2				
3	TO MO./YR.	LEAVING		
4				
1	FROM MO./YR.	AT START		
2				
3	TO MO./YR.	LEAVING		
4				

**PROFESSIONAL REFERENCES (PLEASE LIST THREE NON-RELATIVES, I.E. PROFESSORS, PREVIOUS EMPLOYERS, ETC.)**

NAME	PHONE	JOB TITLE AND/OR NATURE OF ASSOCIATION	NUMBER OF YEARS ACQUAINTED

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

<b>DATE</b>	<b>SIGNATURE</b>
-------------	------------------