

Employment Application

Personal Information

Full name:	
	City, State, Zip Code
Phone Number ()	Email
If hired, would you be abl work in the United States	e to present evidence of your U.S. citizenship or proof of your legal right to ? [] Y or [] N
Have you been convicted [] Y or [] N	of or pleaded no contest to a felony within the last five years?
	e crime - state nature of the crime(s), when and where convicted and
If hired, are you willing to	submit to and pass a controlled substance test? [] Y or [] N
Position and Availability	
Position Applied For:	
Salary desired: \$	
Are you applying for:	
Tempora	ry work – such as summer or holiday work? [] Y or [] N
Regular p	art-time work? [] Y or [] N
Regular f	ull-time work? [] Y or [] N
Days/Hours Available	
Monday Tue	esday Wednesday
Thursday Frie	day Saturday
Hours Available: from	to
If hired, on what date car	you start working? / /
Can you work evenings? [] Y or [] N
Are you available to work	overtime?[]Yor[]N



Position Requirements

Are you able to perform the essential functions of the job for which you are applying, either with \prime without reasonable accommodation? [] Y or [] N				
If no, describe the functions that cannot be performed				
Do you have any physical conditions that would prohibit you from lifting up to 50 pounds? [] Y or [] N				
Skills and Qualifications: Licenses, Skills, Training, Awards				
Do you speak, write or understand any foreign languages? [] Y or [] N				
If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be.				
Employment History				
Are you currently employed? [] Y or [] N				
If you are currently employed, may we contact your current employer? [] Y or [] N				
Name of Employer:				
Name of Supervisor:				
Telephone Number:				
Address:				
City, state, zip:				
Length of Employment (Include Dates):				
Position & Duties:				
Reason for Leaving:				
Previous Position:				
Name of Employer:				
Name of Supervisor:				
Telephone Number:				
Business Type:				
Address:				
City, state, zip:				
Length of Employment (Include Dates):				
Position & Duties:				
Reason for Leaving:				
May we contact this employer for references? [] Y or [] N				



References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last:		
Telephone Number:		
Address:		
City, state, zip:		
Occupation:		
Number of Years Acquainted:		<u>-</u>
Name - First, Last:		
Telephone Number:		
Address:		
City, state, zip:		
Occupation:		
Number of Years Acquainted:		
Name - First, Last:		
Telephone Number:		
Address:		
City, state, zip:		
Occupation:		
Number of Years Acquainted:		
I certify that information contained in this information may be grounds for not hirin in the future if I am hired. I authorize the	g me or for immediate t	ermination of employment at any point
Signature	Date	

