



# APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Date Available: \_\_\_\_\_

Questions must be answered carefully and completely. If you have a résumé, please attach to this application.  
PLEASE PRINT PERSONAL DATA

Name: \_\_\_\_\_  
Last
First
Middle

Street Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

MARK (X) TYPE OF EMPLOYMENT DESIRED:  Full Time  Part Time  Temporary

MARK (X) DAYS AVAILABLE:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

HOURS AVAILABLE: \_\_\_\_\_ WILLING TO WORK OVERTIME?  YES  NO

GEOGRAPHIC PREFERENCE: \_\_\_\_\_

**YES NO**

- Are you legally able to work in the US?
- Are you able to perform any or all job functions with or without reasonable accommodation?
- Have you ever been a previous employee?
- Are you a previous applicant?

**YES NO**

- Are you 18 or older?
- Have you ever used illegal drugs?
- Have you used illegal drugs in the last 6 months?
- Have you ever been convicted of a felony or plead NOLO CONTENDERE to felony? If YES, describe conditions:

\_\_\_\_\_  
*Conviction will not necessarily disqualify an applicant from employment.*

## WORK EXPERIENCE

*Note: Start with most recent position, furnish dates and explanation for each period of employment and unemployment for the past 10 years. Use separate sheet, if necessary.*

Present/Last Employer:	Type of Business:	Address:	Telephone:
Start Date/Leave Date:	Rate of Pay: (Circle One) Wkly Bi-Wkly YR	Reason for Leaving:	
Job Title:	Supervisor and Title:	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Responsibilities:			
Previous Employer:	Type of Business:	Address:	Telephone:
Start Date/Leave Date:	Rate of Pay: (Circle One) Wkly Bi-Wkly YR	Reason for Leaving:	
Job Title:	Supervisor and Title:	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Describe Responsibilities:			