



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status

Please Print

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip
Contact Information (check which is preferred method of contact)				Social Security Number	
<input type="checkbox"/> Cell: _____ <input type="checkbox"/> Home: _____ <input type="checkbox"/> Email: _____					

Have you ever been convicted of a felony? Yes No
If Yes, please explain: _____

If selected for employment are you willing to submit to a pre-employment drug screening test and background check? Yes No

Best time to contact you is:	:	_____	AM PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If under 18 years old, what is your age? _____			
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, give date _____			
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, give date _____			
Do any of your friends or relatives, other than spouse, work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status			
<i>Proof of citizenship or immigration status will be required upon employment ...</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date available for work	__/__/__ - __/__/__		
What is your desired salary range?	_____		
Are you available to work:			
<input type="checkbox"/> Full-Time (please indicate 1 2 3 shift)			
<input type="checkbox"/> Part-Time (please indicate Mornings Afternoons Evenings)			
<input type="checkbox"/> Temporary (please indicate dates available __/__/__ - __/__/__)			
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

LAST

FIRST

MIDDLE

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name & Location	Year Graduated / Degree	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc.			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the position you are applying for.

Specialized Skills

<input type="checkbox"/> Cash Register	<input type="checkbox"/> Computer	<input type="checkbox"/> Other
<input type="checkbox"/> Popcorn Maker	<input type="checkbox"/> Copy Machine	_____
<input type="checkbox"/> Kitchen Equipment	<input type="checkbox"/> Word	_____
<input type="checkbox"/> Roller Grill	<input type="checkbox"/> Excel	_____
<input type="checkbox"/> Meat Slicer	<input type="checkbox"/> Access	_____
<input type="checkbox"/> Commercial Mixers	<input type="checkbox"/> Outlook	_____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may excluded organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		May we contact this employer?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		May we contact this employer?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		May we contact this employer?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		May we contact this employer?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held

REFERENCES

Name	Title	Company	Phone

Acknowledgement and Authorization

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Print Name of Applicant

Date

Signature Name of Applicant

Date