

Name _____ Date of application _____
LAST FIRST MIDDLE

Address _____ City _____ State _____ Zip _____

Telephone _____

1. GENERAL INFORMATION:

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? Yes No

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) No Yes If yes, explain:

2. EDUCATION & TRAINING:

Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters _____ Doctorate _____

Name & Address of School	Major Course studied	Graduated or degree (Y or N)	Average Grade
Last High School Attended/Address:			
College or University/Address			
College or University/Address Other School (Technical, Vocational, Graduate, etc.) /Address			

List any scholarships, academic honors, awards or special achievements:

3. SKILLS Please list any skills you have that are appropriate for the position you are applying for:

If required, will you work?

Rotating shifts YES NO Saturdays YES NO
Overtime YES NO Sundays YES NO

Position applying for, be specific:

Salary Requirements

\$

per hour

per month

State fully why you believe you are qualified for this position

INTERESTS / ACCOMPLISHMENTS: You may wish to list significant experience, interests & accomplishments gained while working as a volunteer or as a hobbyist that may be useful in the position (s) you are seeking. Names or organizations designating religion, race, etc. need not be mentioned.

Date you can start

/ /

EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past **FOUR** employers. If currently employed, may we contact your employer? Yes No

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY		(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS	CITY	STATE	ZIP		
NAME & TITLE OF SUPERVISOR		TITLE OF YOUR POSITION		REASON FOR LEAVING:	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:					
FULL NAME OF COMPANY		(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS	CITY	STATE	ZIP		
NAME & TITLE OF SUPERVISOR		TITLE OF YOUR POSITION		REASON FOR LEAVING:	
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NAME & TITLE OF SUPERVISOR		TITLE OF YOUR POSITION		REASON FOR LEAVING:	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:					

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references 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 all parties from all liability for any damage that may result from furnishing same to you.

Signature _____

Date _____

Please read carefully

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by _____ (hereinafter called "the company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of the employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of _____, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that the relationship cannot be altered except by a written instrument signed by the Owner/General Manager of the Company. Both the undersigned and _____ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I further understand that my employment with the Company shall be probationary for a period of 90 days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.