



# APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered.

Please complete each section, even if you attach a resume.

## PERSONAL INFORMATION

Name:

Address:

City:

State:

Zip:

Date of Birth:

Phone Number:

Email Address:

## POSITION DETAILS

Position you are applying for:

Available Start Date:

Desired Pay:

Employment Type:

☐ Full-Time

☐ Part-Time

☐ Seasonal/Temporary

## ADDITIONAL INFORMATION

Are you legally authorized to work in the U.S.?

☐ Yes

☐ No

Have you ever been convicted of a felony?

☐ Yes

☐ No

*If yes, explain:*

Have you been employed by this organization in the past?

☐ Yes

☐ No

## EDUCATION

<u>SCHOOL NAME &amp; LOCATION:</u>	<u>YEARS ATTENDED:</u>	<u>COURSE OF STUDY:</u>	<u>DEGREE RECEIVED:</u>

# WORK EXPERIENCE

Employer Name:	Position:	Employment Dates:
Responsibilities:		
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Responsibilities:		
Employer Name:	Position:	Employment Dates:
Responsibilities:		
Employer Name:	Position:	Employment Dates:
Responsibilities:		

# REFERENCES—(PROFESSIONAL OR BUSINESS ONLY)

NAME:	TITLE:	COMPANY:	PHONE:



# SIGNATURE DISCLAIMER

I certify that all information and answers provided by me above is true and complete to the best of my knowledge. I understand that if this application leads to employment, any false or misleading information or answer in my application may lead to my employment being terminated.

Name (please print):	Signature: _____
Date:	

Please give us some idea of when you will be available for work. Our daytime and nighttime shifts sometimes vary by department and business requirements. This will aid our Managers in creating an appropriate employee work schedule.

PLEASE MAKE A CHECK ON THE APPROPRIATE LINE

<u>DAY OF THE WEEK</u>	<u>DAY SHIFT</u>	<u>NIGHT SHIFT</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Do you have your own Transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you available to work double shifts if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many hours per week will you be able to work? \_\_\_\_\_

ARE THERE ANY DAYS THAT YOU WILL ABSOLUTELY NOT BE ABLE TO WORK?

\_\_\_\_\_

\_\_\_\_\_

YOU WILL BE EXPECTED TO WORK THROUGH THE HOLIDAYS