

**Employment Application Form**

*Please print all information requested except for signature*

**Application for Employment**  
Applicants may be tested for illegal drugs

Please complete Pages 1-5.

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ If under 18, list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
and salary desired (2) \_\_\_\_\_  
(Be specific)

***Days/hours available to work***  
No preference \_\_\_\_\_ Thursday \_\_\_\_\_  
Monday \_\_\_\_\_ Friday \_\_\_\_\_  
Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired:  FULL-TIME ONLY  PART-TIME ONLY  FULL OR PART-TIME

When available for work? \_\_\_\_\_ Please list any days in the next 3 months when you are unavailable to work:  
\_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (COMPLETE MAILING ADDRESS)	NUMBER OF YEARS COMPLETED	MAJOR DEGREE
High School				
College				
Business or Trade School				
Professional School				

Have you ever been convicted of a crime?  No  Yes

If yes, explain number of conviction(s), nature of offense(s), leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.  
\_\_\_\_\_  
\_\_\_\_\_

What skills/experience do you bring to us?  
\_\_\_\_\_  
\_\_\_\_\_

What is your definition of excellent customer service?  
\_\_\_\_\_  
\_\_\_\_\_

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## Application for Employment

**WORK EXPERIENCE** Please list your work experience for the past five years beginning with your most recent job held. If you were self employed, give firm name. Attach additional sheets if necessary.

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From:	Start:
City, State, Zip		To:	Final:
Phone number	Your last job title:		
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From:	Start:
City, State, Zip		To:	Final:
Phone number	Your last job title:		
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

May we contact your present employer?                       Yes                       No

Did you complete this application yourself?                       Yes                       No

If not, who did?

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Do you have a current drivers license?  Yes                       No

Please list two references other than relatives or previous employers:

1.	2.
Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Phone:	Phone:

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**PLEASE READ CAREFULLY**

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## 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 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 relationship cannot be altered except by a written instrument signed by the President/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 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 contract.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of application \_\_\_\_\_ Date: \_\_\_\_\_

**This Company is an equal 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*