



Employment Application

(Please Print Clearly)

Personal Information:

Last Name	First Name	MI	Date
Home Phone	Alternate Phone	Email Address	
Street Address	City	State	Zip Code

Employment Desired:

First Choice	Salary Desired	Shifts Available
Second Choice	Salary Desired	Shifts Available

Are you interested in Full Time Part Time Temporary?

Are you under 18? Yes No If you are under 18 and still in High School you may be required to provide a work permit upon hire.

How did you learn of this opening? _____

Education and Training:

Indicate Highest Grade Completed: _____

Name of School	Location	Completed	Major	Degree / Certification

Additional honors or other qualifications you feel are related to the position for which you are applying.

Professional Licenses and/or Certifications				
Type	Organization or State Issued	Date Issued	Number	

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____
 Dates of Duty: From _____/_____/_____ To _____/_____/_____ Rank at Discharge: _____

Employment History:

(Please list most recent employer first)

Present and Former Employers	Dates Employed	Salary Range	Position/Job Duties
Name _____ City/State _____ Supervisor _____ Phone _____	From: To:	Start: End:	
Name _____ City/State _____ Supervisor _____ Phone _____	From: To:	Start: End:	
Name _____ City/State _____ Supervisor _____ Phone _____	From: To:	Start: End:	
Name _____ City/State _____ Supervisor _____ Phone _____	From: To:	Start: End:	

Have you ever been convicted of a crime? Yes No If Yes, for what, when and where? _____

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which will assist us in placing you, including a list of references not related to you, whom you have known at least one year.

Read Carefully and Sign

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical exam which relates to the essential duties I would be required to perform. I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form. If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

Signature _____

Date _____