

Applications are considered for all possible positions without regards to race, color, religion, sex, national origin, age marital or veteran status or the presence of non-related medical condition or disability.

	Personal I	Informatío	n		
Name:			 Phone #		
Address:	City:		State:	Zip:	
Are you legally able to work	k in the United States: ( )Yes	or ( )No V	Vage Expectations:_		
Have you ever been convict	ed of a felony or misdemeanor	·? ( ) Yes or (	( ) No		
	(Conviction may not exclude y	ou from qualifyiı	ng for a position)		
Please list convictions and p	provide any explanation you se	e fit:			
	Employn	nent Desíreo	d		
Position or Positions:	Currently Emplo	yed: ( ) Yes	or ( ) No Desired	Start Date:	
Desired Shift: ( ) 1 <sup>st</sup> ( ) 2	e <sup>nd</sup> ( ) 3 <sup>rd</sup> Desired start and en	ıd time:	(	) Full Time ( ) Part Time	
Desired days: ( ) Monday	, ( ) Tuesday, ( ) Wednesday	, ( ) Thursda	y, ( ) Friday, ( ) S	aturday, ( ) Sunday	
	Qualíficatíons/E	mploymen	t Hístory		
Most recent or current Emp	oloyer:		Employment Da	ates:	
Address:	City:		State:	Zip:	
Job Title:	Supervisor's Name;		Phone #:		
Reason for Leaving:			Wage/Salary:_		
Employer # 2:			Employment Da	tes:	
Address:	City:		State:	Zip:	
Job Title:	Supervisor's Name;		Phone #	:	
Reason for Leaving:			Wage/Salary:_		
Employer # 3:			Employment Da	tes:	
Address:	City:		State:	Zip:	
Job Title:	Supervisor's Name;		Phone #	:	
Reason for Leaving:			Wage/Salarv:		



## Qualifications/Employment History

High School:	City:	State:	Graduated: (	) Yes or (	) No
Junior College:	City:	State:	Graduated: (	) Yes or (	) No
College/University:	City:	State:	Graduated: (	) Yes or (	) No
Other Training:					
Certifications or licenses:					
Office Equipment:					
Supervisory Experience:					
	Reference	2S			
Please list at least 2 v	work related references. These can	be supervisors, b	usiness owners or co-	workers.	
Name of Reference #1:	Bu	siness name if a	pplicable :		
Phone #:	Relationship to applicant:_		Years known:		
Name of Reference #2:	Bu	siness name if a	oplicable :		
Phone #:	Relationship to applicant:		Years known:		
Name of Reference #3:	Business name if applicable :				
Phone #:	Relationship to applicant:		Years known:		
	Please read carefully a	w			
misrepresented or omitted any fact: written request for information deri birth certificate or other proof of au	sing your employment application, your pe s on this application, and are subsequently ived from the checking of your references. thorization to work in the United States, ha its terms. I understand and agree to the inf	hired, you may be d If necessary for emp ave a physical exami	lischarged from your job. lloyment, you may be req ination and/or a drug test	You may mak uired to: supp	e a oly your
Signature of applicant				Date Sig	ned