

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.

Name:	Date:	Phone	,
#			
Address:	City:	State:	Zip:
Are you legally able to wo	rk in the United States: (   )Yes or (   )I	lo Wage Expectations:_	
Have you ever been convid	ted of a felony or misdemeanor?())	es or ( ) No	
	(Conviction may not exclude you from	qualifying for a position)	
Please list convictions and	provide any explanation you see fit:		
Desired Shift: ( ) 1 <sup>st</sup> ( )	Currently Employed: ( 2 <sup>nd</sup> ( ) 3 <sup>rd</sup> Desired start and end time: y, ( ) Tuesday, ( ) Wednesday, ( ) T	(	) Full Time ( ) Part Time
Most recent or current Em	ployer:	Employment Da	ntes:
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/Salary:	



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:					
Please list at least 2 w	ork related references. These can	be supervisors, bu	usiness owners or co-v	vorkers.	
Name of Reference #1:	B	usiness name if a	oplicable :		
Phone #:	Relationship to applicant:		Years known:		
Name of Reference #2:	B	usiness name if a	oplicable :		
Phone #:	Relationship to applicant:		Years known:		
Name of Reference #3:	B	usiness name if a	oplicable :		
Phone #:	Relationship to applicant:		Years known:		
misrepresented or omitted any facts	ng your employment application, your po on this application, and are subsequently yed from the checking of your references.	y hired, you may be d	ischarged from your job.	You may mak	e a
birth certificate or other proof of aut	horization to work in the United States, I ts terms. I understand and agree to the ir	have a physical exami	nation and/or a drug test		
oc. cot agreement and ablac by h	as termine a understand and agree to the in				

Signature of applicant Date Signed