PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you eligible to work in the U.S? \_\_\_Yes \_\_\_No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) \_\_\_Yes \_\_\_No

Have you ever been terminated from employment or asked to resign by an employer? \_\_\_Yes \_\_\_No

If yes, please provide company names and details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you work any shift? \_\_\_Yes \_\_\_No

Can you work overtime, including weekends? \_\_\_Yes \_\_\_No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? \_\_\_Yes \_\_\_No

EMPLOYMENT DESIRED

Date you can start \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hourly Rate/Salary desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? \_\_\_\_ If so may we inquire of your present employer? \_\_\_\_\_\_\_\_\_

REFERRAL SOURCE

How did you hear about us? Walk In Advertisement Referral Other

Have you ever worked for this company before? \_\_\_Yes \_\_\_No Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know anyone who works for our company? \_\_\_Yes \_\_\_No If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATION Name and location of school No. of yrs. Attended Degree Received Subjects studied/Major

High School

College or University

Trade, Business or Correspondence School

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.

From To Employer Name Telephone ( )

Job Title Address

Immediate supervisor and title Summarize the nature of work performed and job responsibilities

Reason for leaving

From To Employer Telephone ( )

Job Title Address

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From To Employer Name Telephone ( )

Job Title Address

Immediate supervisor and title Summarize the nature of work performed and job responsibilities

Reason for leaving

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Computer Skills (please describe):

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name Address, Phone, Email Company Years Acquainted

1

2

3

Please read carefully before signing.

[Company Name] is an equal opportunity employer. [Company Name] does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for [Company Name] to hire me. If I am hired, I understand that either [Company Name] or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of [Company Name] has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to [Company Name] true and complete information on this application. No requested information has been concealed. I authorize [Company Name] to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.