



EMPLOYMENT APPLICATION

We are Equal Opportunity Employer. All applicants are considered without regard to race, religion, disability, sex, national origin, age (for those age 40 or over), or any basis protected by federal, state, or local law. This employment application is only active 30 days. After this time period a separate employment application must be submitted in order to be considered for employment.

Personal

PLEASE PRINT CLEARLY

Date _____

First name _____ Middle _____ Last _____
 Street Address _____ Social Security# _____
 City/State/Zip _____ Phone (____) _____
 Personal Email Address _____ Cell Phone (____) _____
 How did you find out about your job? Newspaper Referral Other _____
 If hired, do you have reliable means of transportation to get to work? Yes No What is it? _____
 Minimum salary expected _____ Are you at least 18 years old? Yes No
 If the job you are applying for requires driving: Driver's License# _____ State Issued _____ Exp. Date _____
 Are you legally eligible for employment in the U.S.? Yes No (Proof of U.S. citizenship or immigration status will be required if hired)
 Have you been convicted of a crime? Yes No (MA applicants should not include misdemeanor convictions; CA applicants should not include marijuana-related convictions that occurred more than 2 years prior to the application date.)
 If yes, state the nature of the offense and disposition of the case. Include dates and places. (Note: the existence of a criminal record does not constitute an automatic bar to employment.) _____

Employment Data

Are you seeking: Temporary Full Time Part-Time What position (s) are you applying for? _____
 What hours and shift(s) would you prefer to work? _____
 What hours and shift(s) would you prefer not to work? _____
 Please indicate any shift(s) you would not be available to work _____
 Are you willing to work overtime? Yes No Weekends? Yes No Holidays? Yes No
 Are you currently employed? Yes No If hired, when would you be able to start? _____
 Have you ever worked for this organization before? Yes No If yes, name used? _____

 List any friends or relatives employed by this company _____
 Are you on layoff and subject to recall? Yes No
 Have you ever been discharged or asked to resign from any position? Yes No If yes, please describe: _____
 How many days have you missed from work within the last year other than approved vacation, sick, or disability leave? _____
 Please describe: _____
 If applicable, please refer to the attached job description for the position you are applying. Are you able to perform all these task with or without reasonable accommodation? Yes No Please describe which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need: _____

Education (List all schools – U.S. and overseas, circle highest level attained.)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D. College: 1 2 3 4
 Name of school: _____ Name of School: _____ Name of school: _____
 Location of school: _____ Location of school: _____ Location of school: _____
 If in high school, are you enrolled in a recognized co-op program? Yes No Degree & Major: _____
 If yes, identify program and school: _____ Minor: _____
 ESL Classes Yes No Current ESL Level _____

Applicant Initial _____

Military Service (U.S. and overseas)

Are you a veteran? Yes No If yes, give dates of service: From _____ To _____
List any special skills or training: _____ Indicate if U.S. Military Yes No

Work History (Please list your last four employers. Begin with the most recent)

1) Company _____ Phone# (____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____

Reason for leaving _____

2) Company _____ Phone# (____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____

Reason for leaving _____

3) Company _____ Phone# (____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____

Reason for leaving _____

4) Company _____ Phone# (____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____

Reason for leaving _____

May we contact all of the employers and references in this application? Yes No If not, tell us which one(s) you do not wish us to contact and why. _____

How many jobs have you had in the last five years not listed above? _____

Why are you seeking a new position at this time? _____

List any business-related outside interests and organizations you're active in: _____

Applicant Initial _____



Employment Application New Hire Availability and Reference Information

NEW HIRE AVAILABILITY (Please Print)

Applicant Name: _____

Phone: (____) _____ 2nd Phone: (____) _____

What is the maximum number of hours you could work each week:

- No more than 10 No more than 20 No more than 30 More than 30

What is the average hours you would prefer to work each week: Full-time 15-23 Seasonal

- 24-31 Less than 15

Are you able to work National Holidays: Yes No

Your scheduling flexibility during our peak business periods is appreciated. Scheduling guidelines may change based on business needs.

Available Work Schedule

Please list specific hours (e.g. 7:00 a.m. – 3:00 p.m.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start							
End							

Upcoming Vacation: _____

Applicant Signature: _____ Date: _____

References

Please list up to five individuals for references. Begin with former employers and then with personal references. Do not list relatives.

Name	Relationship	Phone Number

Please read the following carefully, then sign and date the application.

I authorize this company to make an investigation of all information contained in this employment application and release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me or this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigation. I hereby agree to submit to any drug test required of me, whether prior to my employment in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related. I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician. I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing. I have read and agreed to the above.

Applicant's Signature _____ Date _____

Check over the foregoing application, making sure it is complete and signed.

Applicant Initial _____