

$Application \ for \ Employment \ \ (\textit{Permanent}, \ \textit{Seasonal}, \ \textit{Fair})$

Our policy is to provide an equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date					
Last Name	First Name	Mio	ddle Name		
Street Address					
City	State	Zip Code			
Telephone	Social Securi	Social Security # (optional)			
Position applied for					
How did you hear of this ope	ning?				
When can you start?	De	sired Wage \$			
Are you a U.S. citizen or other may be required to provide de			restricted basis? (You		
Are you looking for full-time If no, what hours are you ava	· • —				
Are you looking for seasonal	part-time employment?	☐ Yes ☐ No			
Are you willing to work swin	ng shift? Yes No)			
Are you willing to work grav	eyard? Yes No				
Have you ever been convict (If yes you will not be eligib		Yes No			
Do you have a valid driver's	er's license? Yes No				
Have you ever been convicted	d of an offense other than	n a minor traffic viola	tion?		
If yes, please describe the con	nditions				



Education

Sc	hool Name and Location		Year	Major	Degree
High School					_
College					
Post-College					
Other Training					_
In addition to your work should consider?	history, are there other skil	lls, qualifications, or	experier	nce that	we
Employment History	(Start with most recent employer)				
Company Name					
Address		Telephone			
Date Started	Starting Wage \$	Starting Posit	ion		
Date Ended	Ending Wage \$	Ending Posit	tion		
Name of Supervisor		May we	contact?	☐ Ye	s 🗌 No
Responsibilities					
Reason for leaving					
Company Name					
Address		Telephone			
Date Started	Starting Wage \$	Starting Posit	ion		
Date Ended	Ending Wage \$	Ending Posit	tion		
Name of Supervisor		May we	contact?	☐ Ye	s 🗌 No
Responsibilities					
Reason for leaving					



Employment History Continued

Company Name			
Address		Telephone	
Date Started	Starting Wage \$	Starting Position	
Date Ended	Ending Wage \$	Ending Position	
Name of Supervisor		May we contact?	
Responsibilities			
Reason for leaving			
Company Name			
		Telephone	
Date Started	Starting Wage \$	Starting Position	
Date Ended	Ending Wage \$	Ending Position	
Name of Supervisor		May we contact? \[\text{Yes} \[\text{No} \]	
Responsibilities			
Reason for leaving			
Attach additional inform	nation if necessary.		
best of my knowledge. I shall be considered suffi any investigations of my	understand that if I am enticient cause for dismissal.	or employment are true and complete to the apployed, false statements on this application This company is hereby authorized to make ployment history. I hereby agree to submit to apployment.	
company can terminate	the employment relationsh	at will," which means that either I or this ip at any time, with or without prior notice, ip at any time, with or without prior notice, in ployment is continued on that basis.	
Signature		Date	