



Office Employment Application Form

PLEASE COMPLETE:	DATE _____			
Name _____				
Last	First	Middle		
Present address _____				
Number	Street	City	State	Zip
Telephone (____) _____		IS THIS # A CELL PHONE Y / N		
Are you under age 18 ____YES ____NO, if "YES", can you provide proof of your eligibility to work? ____YES ____NO				
Are you currently authorized to work in the United States? ____YES ____NO. Proof of eligibility will be required if hired.				
Position applied for (1) _____		Days/hours available to work		
		Mon _____	Thur _____	
		Tues _____	Fri _____	
Desired wage (2) _____ per hour		Wed _____	Sat _____	
		No Preference _____	Sun _____	
How many hours can you work weekly? _____				
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY				
When are you available to start work? _____				

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	MAJOR & DEGREE
High School			
College			
Bus. or Trade School			
Professional School			

MILITARY EXPERIENCE		
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE YOU NOW A MEMBER in the ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specialty _____	Date Entered _____	Discharge Date: _____

Work Experience

Please list your work experience for the beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	
		From To	Start Final
	Your last job title		

JOB DUTIES:

Reason for leaving (be specific)

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	
		From To	Start Final
	Your Last Job Title		

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Name of Employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	
		From To	Start Final

JOB DUTIES:

Reason for leaving (be specific)

May we contact your present employer? Yes No

If no, why not? _____

Did you complete this application yourself Yes No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation ____ Yes ____ No.



Employee referral: _____

PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Applicant Signature

Print

Date