

EMPLOYMENT APPLICATION

INSTRUCTIONS: This application <u>must be filled out in its entirety</u>. Incomplete applications will not be considered. You are welcome to attach a resume, but the application must, nevertheless, be completed.

NAME: Last, First, M.I.				SSN#		Tel.	Tel.#		
Street Address			City	State/Zip		Ema	Email		
, ,		Date av work	ailable to		Total Hrs. available per week		Available Full Time Part		
Age 17 or under?	Do you have a valid driver's license?	Will you	you work (Yes/No) Sat Sun Overtime						
Available (Yes/No) Sat Sun Overtime	Desired Schedule From Time: To Time:	Mon	Tue	Wed	Thur	Fri	Sat	Sun	
Education and Training			Last Year Completed	Did Gradu		Are You Enrolle		List Degrees or Diplomas	
High School Name	and Location		·					•	
Course of study:									
College(s) Name ar	nd Location:								
Course of study:									
Other Education or	Training								
Credentials:									
Cashier Experience									
Computer Experience	ce or Skills:								
Personal Informati	ion								
Can you lift and maneuver parcels weighing up to 70 lbs.?			Can you stand for 3-hour periods?						
Have you ever been convicted of a felony? (will not necessarily result in disqualification)			Iffense? D			Date and Place of disposition:			
Do you have the legal right to remain and work permanently in the United States?			If not, please list your Visa or Work Permit number:						
Please write a few	sentences on: (1) Why you ct of us as an employer.	ı are applyir	ng at our bus	siness, (2) W	/hat you o	ffer us a	s a co-w	vorker, and	
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Your EMPLOYMENT RECORD please. Begin with CURRENT or most recent employer, including Military Service. May we contact your present employer for references? ____ Yes ____ No Company Name: Dates: From _____ To ____ Salary: \$ Address: City: State: Tel.# Your Position: Name & Title of Supervisor: Describe the work you did: Your reason for leaving: Dates: From To Company Name: Salary: \$ Address: City: State: Tel.# Name & Title of Supervisor: Your Position: Describe the work you did: Your reason for leaving: Company Name: Dates: From To Salary: \$ Address: City: State: Tel.# Name & Title of Supervisor: Your Position: Your reason for leaving: Describe the work you did: Company Name: Dates: From _____ To ____ Salary: \$ Address: City: State: Tel. # Name & Title of Supervisor: Your Position: Your reason for leaving: Describe the work you did: Which of these has been the most valuable work experience and why: ___ Please list three (3) personal references: Name ______ Address _____ Tel.#_____ Name _____ Address ____ Tel.#____ Address Tel.# Affidavit I certify that the information and statements in the previous two pages are true and without consequential omissions of any kind. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, errors, or omissions made by me in this application for employment. I authorize this prospective employer to contact the companies, schools, people and references above for information about me and their release of personnel, academic, and other records concerning me. I further agree that, if employed, I will conform to my employer's rules and regulations and understand that, unless specifically agreed in writing, my employment can be terminated with or without cause or notice, at either my option or my employer's. I also understand and agree that any company manuals, property, or uniforms distributed to me during the course of my employment shall not be construed as a contract, and that the value of such property may be deducted from my final paycheck if not returned by date of said paycheck. If hired, I understand that there is a 90-day probationary period. Signature _____ Date _____