



Employment Application

(Print in Ink)

We appreciate your interest in our company. The information requested in this form will help give us a clear understanding of your qualifications, background, and work history, plus it will aid us in placing you in a position for which you are best suited. The Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. The Age Discrimination in Employment Act of 1967, as amended, prohibits discrimination because of age. The Americans with Disability Act prohibits discrimination against those with disabilities. Various state laws prohibit some of the above as well as other types of discrimination. As an Equal Opportunity Employer, our company intends to comply fully with all applicable federal and state employment laws.

We are a seasonal business. Your availability during the months of April – June is crucial to employment.

PERSONAL DATA			
FULL NAME (First, Middle, Last)		Social Security Number	
PRESENT ADDRESS			
Street	City	State	Zip
PHONE:	ALTERNATE PHONE:		
Are you UNDER 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you UNDER 16 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a crime within the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain fully:			

JOB INTEREST	
Position Desired:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other
Wage or Salary Expected \$	
Date Available:	
Referral Source: <input type="checkbox"/> Advertisement (Where? Tribune, website, etc. _____)	
<input type="checkbox"/> Employee <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other (please list) _____	
Are you willing to work evenings, weekends or holidays if required? [] Yes [] No	
Have you ever been employed here before? [] Yes [] No	
If yes, when?	
List available days & hours you can work: (include conflicts you have weekdays & weekends, i.e. family vacations, etc.)	

EDUCATION		
	Name & City of School	Highest Grade completed
High School		
College		
Graduate School		
Other Schools: (vocational, military, etc.)		
List any extra-curricular interests, additional skills, licenses or professional certifications which you feel may qualify you for the job:		

Employment History

(Complete this section in addition to any resume you submit)

PRESENT OR MOST RECENT EMPLOYER

Company Name:		Type of Business:
Address (Street, City, State)		
Employment Dates (Month and Year)	From:	To:
Supervisor's Name:	Title:	Phone Number:
Position Title:		Brief Description of Position:
Present Salary:		
Last Increase ___/___/___ Amount \$		
Bonus, Incentives, Etc.	Amount \$	Year:
Reason for Leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

FIRST PREVIOUS EMPLOYER

Company Name:		Type of Business:
Address (Street, City, State)		
Employment Dates (Month and Year)	From:	To:
Supervisor's Name:	Title:	Phone Number:
Position Title:		Brief Description of Position:
Present Salary:		
Last Increase ___/___/___ Amount \$		
Bonus, Incentives, Etc.	Amount \$	Year:
Reason for Leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECOND PREVIOUS EMPLOYER

Company Name:		Type of Business:
Address (Street, City, State)		
Employment Dates (Month and Year)	From:	To:
Supervisor's Name:	Title:	Phone Number:
Position Title:		Brief Description of Position:
Present Salary:		
Last Increase ___/___/___ Amount \$		
Bonus, Incentives, Etc.	Amount \$	Year:
Reason for Leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

REFERENCES

Please list three business/work references who may be contacted. If not applicable, list three school or personal references who are not related to you.

(May attach separately if additional space is needed)

NAME	OCCUPATION	ADDRESS	PHONE/EMAIL

PLEASE READ CAREFULLY:

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that false or misleading facts or omission of information or any other information associated with my application for employment is grounds for refusal to hire, rejection of the application or, if hired, dismissal of employment.

I authorize any of the persons or organizations referred to in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information, and I will indemnify you against any liability that may result from making such investigation.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this Company and myself for either employment or for providing of any benefit. I also understand that if hired, my employment is to be "at will" and that either I, or the Company, may terminate my employment at any time, with or without cause.

I acknowledge that it is the Company's policy to hire only authorized workers and any offer of employment to me by this Company is contingent upon my timely completion of IRS Form I-9 and producing the proper documents required by the Immigration Reform and Control Act of 1986 and may not be amended. My failure to meet these requirements within the specified time limit will result in the termination of my employment.

Applicant's Signature

Dated

Office Use Only

Position:	
Interviewed By:	Date:
Job Offered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Job Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: Wage/Salary:
Start Date:	Manager's Signature: