



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ |

Last Name	First Name	Middle Name
Street Address	City	State
Phone Number(s)		Best Time to Contact
Zip Code		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Do you have reliable transportation to meet any scheduled shift? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of any crimes within the last 7 years? (include traffic) Yes No
Conviction will not necessarily disqualify an application from employment.

If Yes, Please Explain _____

Which do you prefer? Full-Time Work Part-Time Work
If part time, about how many hours per week? _____

Which will you accept? Full-Time Work Part-Time Work

When could you start working for us? _____ Please check below when you are available to work for us.

MON morning TUES morning WED morning THU morning FRI morning SAT morning SUN morning
 afternoon afternoon afternoon afternoon afternoon afternoon afternoon
 evening evening evening evening evening evening evening

EDUCATION

	Name and Address of School	Course of Study	Years completed	Diploma Degree
High School				
Undergraduate College				
Other (Specify)				

ADDITIONAL INFORMATION

Driving Experience:
Driver's or Chauffeur's License Number: _____
Expiration Date: _____
Has your license ever been revoked or suspended: _____
Have you has an accident resulting in serious injury to others and/or property damage: _____
If "yes" to above questions, please describe: _____

Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

I understand that as a part of the processing procedure for my employment application an investigative report regarding my criminal record, including misdemeanors and traffic violations, may be completed. I also understand that if I am denied a job based on information included in that report, I will be supplied with a copy of that report.

I hereby understand and acknowledge that unless otherwise defined by applicable law any employment relationship with this organization would be of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in denial of employment or discharge. I understand, also, that I am required to abide by the rules and regulations of the employer.

I understand that as a condition of employment, I may have to undergo a drug/alcohol test and a physical examination.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Signature of Applicant

Date