



Employment Application

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Are you legally entitled to work in the U.S.? Yes: ____ No: ____

Are you over 18 years old? Yes: ____ No: ____ If Yes Birth Year: _____

What position are you applying for? _____ Date available? _____

Full Time or Part Time: _____ If Part Time, number of hours desired per week: _____

Shifts Available (circle all that applies):

Monday	am	pm
Tuesday	am	pm
Wednesday	am	pm
Thursday	am	pm
Friday	am	pm
Saturday	am	pm
Sunday	am	pm
Available Anytime	am	pm

EDUCATION

High School: _____

Name of School: _____

Location: _____

Number of years attended: _____
Did you graduate? Yes: _____ No: _____

College & Post Graduate: _____
Name of School: _____
Location: _____ Number of years attended: _____
Did you graduate? Yes: _____ No: _____

Name of School: _____
Location: _____ Number of years attended: _____
Did you graduate? Yes: _____ No: _____

Trade School: _____
Name of School: _____
Location: _____ Number of years attended: _____
Did you graduate? Yes: _____ No: _____

EMPLOYMENT HISTORY

Beginning with your most recent employment and working back in time, please provide the following information.

Employer: _____
Address: _____
Job Title: _____ Responsibilities: _____
Dates of Employment: _____ Salary: _____ Supervisor: _____
Phone Number: _____ Reason for Leaving: _____

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Address: _____
Job Title: _____ Responsibilities: _____
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Why do you want to work for our company?

Name three of your strengths (in a work / school environment).

- 1. _____

- 2. _____

- 3. _____

Name three of your weaknesses (in a work / school environment). (If you leave it blank we will be disappointed.)

- 1. _____

- 2. _____

- 3. _____

How could you improve our company?

What is your greatest accomplishment?

What makes you stand out from others?

What things are you passionate about?

Please tell us about any other training education, skills or achievements that you feel should be considered.

Do you smoke? Yes: _____ No: _____

What do you eat? _____

REFERENCES

Please provide the names of two references that have not employed you and are not related to you.

Name: _____
Relationship to You: _____ Phone Number: _____
Address: _____

Name: _____
Relationship to You: _____ Phone Number: _____
Address: _____

My answers are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for an immediate discharge. (You will be asked to sign and date this application in person when you are interviewed for a position.)

Applicant's Signature: _____ Date: _____