



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name			First			M.I.	Date		
Street Address						Apartment/Unit #			
City			State			ZIP			
Phone			E-mail Address						
Date Available			Social Security No.			-			
Location Applying For					Position Applying For				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Check all that applies:	16 years of age or older <input type="checkbox"/>	18 years of age or older <input type="checkbox"/>	21 years of age or older <input type="checkbox"/>						

EDUCATION

High School									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES

Please list three professional references.

Full Name			Relationship		
Company			Phone		
Full Name			Relationship		
Company			Phone		
Full Name			Relationship		
Company			Phone		

PREVIOUS EMPLOYMENT

Company		Phone	
City/State		Supervisor	
Job Title	Starting Wage	\$	Ending Wage \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
City/State		Supervisor	
Job Title	Starting Wage	\$	Ending Wage \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
City/State		Supervisor	
Job Title	Starting Wage	\$	Ending Wage \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

ADDITIONAL INFO

Do you consider yourself a morning person or a late night person? Please Explain:

Do you have reliable transportation means to and from work?
Please describe yourself in (3) words.

How many hours and/or shifts are you looking for per week?

What is your availability for employment (circle all day parts that you will be available):

MONDAY: AM / PM **TUESDAY:** AM / PM **WEDNESDAY:** AM / PM **THURSDAY:** AM / PM

FRIDAY: AM / PM **SATURDAY:** AM / PM **SUNDAY:** AM / PM

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I acknowledge I am accepting a seasonal part-time position within the company and will not be offered unemployment in the off-season.

If this application leads to employment, I understand that false or misleading information in my application or interview (including availability recorded) may result in my release.

Signature _____ Date _____

