## **APPLICATION FOR EMPLOYMENT**

(Equal Employment Opportunity Employer)

#### This application must be completed in full to be processed.

GENERAL Store taking application						
NAME						
ADDRESS Street	City			State	Zip	
TELEPHONE () DA'	·		<b>MENT</b>		•	
If hired and you are under 18, can you furnish a				No		
Have you ever been employed by this company	-			No		
Are you employed now ?			Yes	No	_	
May we contact your present employer ?			Yes	No	_	
If yes, give contact name and number			_			
Are you prevented from lawfully becoming embecause of Visa or Immigration status ?	ployed in this count	ry	Yes	No	_	
Type of work desired ?	Sala	ry required \$			_	
Do you have a valid driver's license in this stat	e ?		Yes	No	_	
Driver's license #			State		_	
Within the past five years have you been convir restricted or revoked, or been convicted of a mo						
Can you perform the essential functions of the are applying ?	job(s) for which you	I	Yes	No	_	
Are you available to work ?	Full Time	_ Part Time_	Ov	ver Time		
Do you smoke?			Yes	No	_	

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of a job.

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## **EDUCATION**

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SCHOOL NAME												
YEARS COMPL (circle each)	ETED 4	5	6	7	8	9 10	11	12	12	3	4	1 2 3 4
COURSE OF STUDY		-	-	-	-					-		

# **SPECIAL SKILLS, QUALIFICATIONS & CONSIDERATIONS** Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are

seeking, list areas of ASE or other certifications.

REFERENCES

List three (3) non-relatives who are familiar with your qualifications, ability, and work history.

	Name	Occupation / Relationship	Years known	Telephone
1				
2				
3				

## **EMPLOYMENT EXPERIENCE**

Start with your present or last job. List your last four (4) jobs in order. Do not omit any job.

Employer		Supervisor's name	
Address	City	State	Telephone
Your Job Position		Duties	
\$up to \$   Your salary: starting / ending		from/ Employed dates	until//(mo/yr)
What did you like most about your job?			
What did you like least about your job?			
What was your reason for leaving this job?			
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Employer		Supervisor's name		
Address	City	State	Telephone	
Your Job Position		Duties		
\$up to \$   Your salary: starting / ending		from/ Employed dates	until///////	
What did you like most about your job ?				
What did you like least about your job ?				
What was your reason for leaving this job?				
Employer		Supervisor's name		
Address	City	State	Telephone	
Your Job Position		Duties		
\$up to \$   Your salary: starting / ending		from/ Employed dates	until/ (mo/yr)	
What did you like most about your job?				
What did you like least about your job?				
What was your reason for leaving this job?				
Employer		Supervisor's name		
Address	City	State	Telephone	
Your Job Position		Duties		
up to \$   Your salary: starting / ending		from/ Employed dates	until////	
What did you like most about your job ?				
What did you like least about your job ?				
What was your reason for leaving this job?				
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### PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (including resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications.

YES\_\_\_\_NO\_\_\_\_

If hired I will be responsible for familiarizing myself with all rules and regulations of the Company as they presently exist or are later modified. *If hired I recognize that my employment can be terminated at the discretion of the Company or at my option, without notice, at any time, except as specifically set forth in writing* in *a current individual employment agreement.* 

YES\_\_\_\_NO\_\_\_\_

I also understand that no representative of the Company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President of the Company.

YES\_\_\_\_\_NO\_\_\_\_\_

I understand that this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

YES\_\_\_\_\_NO\_\_\_\_\_

### I have read, understand, and agree with the above statements.

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application

Signature of Applicant

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Date