



# EMPLOYMENT APPLICATION

**An equal opportunity employer**

We are an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, marital status, color, religion, national origin, veteran status, disability, or any other consideration which is made unlawful by federal, state, or local laws. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL INFORMATION						
FULL NAME:		LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
ADDRESS:		STREET	APT. #	CITY	STATE	ZIP
DAYTIME TELEPHONE	EVENING TELEPHONE		MOBILE PHONE	E-MAIL		
FOR REFERENCE PURPOSES – IF YOU HAVE EVER USED ANOTHER NAME, STATE NAME AND DATES:						
LAST		FIRST	MIDDLE	DATES:		TO
TYPE OF EMPLOYMENT DESIRED:		DATE AVAILABLE FOR WORK:		HOW DID YOU FIRST HEAR ABOUT THIS POSITION?		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER						
HAVE YOU EVER APPLIED HERE BEFORE?			<input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" TO EITHER QUESTION, LIST LOCATION	
HAVE YOU EVER BEEN EMPLOYED BY US?			<input type="checkbox"/> YES <input type="checkbox"/> NO		APPROX. DATE:	
LIST ANY CURRENT OR PAST EMPLOYEES OF THE COMPANY THAT YOU KNOW:				HOW MANY HOURS PER WEEK ARE YOU LOOKING FOR?		
NAME(S):						
WHAT TIMES ARE YOU AVAILABLE TO WORK EACH DAY OF THE WEEK:						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TO THE BEST OF YOUR KNOWLEDGE BASED ON THE JOB DESCRIPTION AND RECRUITMENT MATERIAL YOU'VE SEEN, ARE YOU MENTALLY AND PHYSICALLY WILLING AND ABLE TO PERFORM THE TASKS REQUIRED BY THE JOB YOU ARE APPLYING FOR?						<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION					
HIGH SCHOOL: <input type="checkbox"/> ATTENDING, GRADUATING 20_____ <input type="checkbox"/> GRADUATE <input type="checkbox"/> GED <input type="checkbox"/> NOT ATTENDING					
OTHER EDUCATION OR TRAINING	NAME & LOCATION OF SCHOOL:		COURSE OF STUDY:		DATES
					FROM: _____
					TO: _____
					DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
					TYPE OF DEGREE OR DIPLOMA

REFERENCES		
LIST THREE REFERENCES. WORK-RELATED, ACADEMIC, OR ACTIVITY-RELATED REFERENCES ARE PREFERRED.		
REFERENCE NAME	PHONE NUMBER(S):	RELATIONSHIP TO YOU:
#1:		
#2:		
#3:		

ESSAY
ON A SEPARATE SHEET OF PAPER, WRITE A PARAGRAPH DESCRIBING WHY YOU FEEL YOU SHOULD BE HIRED FOR THIS POSITION.

