



Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

APPLICANT DATA

Position Applied for:	Date of Review:
Retail: <input type="checkbox"/> Production: <input type="checkbox"/> Other: <input type="checkbox"/> If Other, explain: _____	

Full Name:			
Address:	City:	State:	Zip:
Phone: ()	Cell: ()	Email:	
Date Available to start: - -	Social Security #: - -	Salary Requirement: \$	

If you are under 18 and we require a work permit, can you furnish one? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
If not, are you legally allowed to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
Have you ever pleaded "guilty", "no contest", or been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give dates and details:

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number if applicable to position:	State:
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SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

Previous Employment (start with most recent position):

Dates of Employment: From: ___/___/___ To: ___/___/___ **Position(s) Held:** _____

Firm:	Address:	
Phone: ()	Supervisor:	Title:
Responsibilities:		
Starting Salary and Title:	Ending Salary and Title:	
Reason for Leaving:		

May we contact this employer for a reference? ___ Yes ___ No

Dates of Employment: From: ___/___/___ To: ___/___/___ **Position(s) Held:** _____

Firm:	Address:	
Phone: ()	Supervisor:	Title:
Responsibilities:		
Starting Salary and Title:	Ending Salary and Title:	
Reason for Leaving:		

May we contact this employer for a reference? ___ Yes ___ No

Dates of Employment: From: ___/___/___ To: ___/___/___ **Position(s) Held:** _____

Firm:	Address:	
Phone: ()	Supervisor:	Title:
Responsibilities:		
Starting Salary and Title:	Ending Salary and Title:	
Reason for Leaving:		

May we contact this employer for a reference? ___ Yes ___ No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ **Date:** _____