

Employment Application Form

Full Name:		lod	ay's Date:	
Address:				
(street city, state, zip) Email Address:				
Position Applying For #1:		Ava	ilable Days: Mon 🏾	ue Wed Thu Fri
Position Applying For #2 :		Avail	able Times: Day S	wing Grave Any
Employment Desired: Full Time Pa	rt Time Any Currently Emplo	oyed?: Yes No Available S	Start Date?:	
Are you legally eligible for employme (proof of eligibility will be required upon employment)	ent in the US?: Yes No	Are you over 18 year (if no, you many be required to p	ars of age?: Yes I	No
Have you ever been discharged or as	sked to resign?: Yes No	If YES, please explain: _		
	Edu	ıcation		
Name of High School:		Did you graduate?: Yes No Y	ears Completed:	
Achievements:				
Name of College:		Did you graduate?: Yes No	ears Completed:	
Degree/Field of Study:				
Other Schools/Training:				
	Work E	Experience		
	Past 7 years of employm	nent history, most recent first.		
Company Name:		Phone Number:		
Address:		City:	State:	Zip:
Job Title:			Dates Work	ed:
Reason for leaving:		May we co	ontact your employe	er?: Yes No
Company Name:		Phone Number:		
Address:		City:	State:	Zip:
Job Title:	Supervisor Name: _		Dates Worke	ed:
Reason for leaving:		May we co	ontact your employe	er?: Yes No



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Work Experience (continued)

Company Name:		Phone Number:					
Address:		City:	State:	Zip:			
Job Title:	Supervisor Name:		Dates Worked:				
Reason for leaving:		Ma	y we contact your employer?:	Yes No			
	SI::U	le.					
	Skill	IS					
Driver's License Number:(for driving positions only)		State:	Expiration:				
Describe any specialized training, apprent	iceships, licenses, and skills:						
References							
Name:	Occupation:	Phone Number:					
Address:		Relationship:					
Name:	_ Occupation:	Phone Number:					
Address:			Relationship:				
				_			
Ар	plicant Acknowledgm	ent and Auth	orization				
In exchange for the consideration of my jo Neither the acceptance of this application for or any other position, and regardless of the like as they may exist from time to time to confer any right to remain an employeed relationship between it and the undersign General Manager of the Company. Both the specified notice or reason. If employed, I to procedures and such changes may include I authorize investigation of all statements	nor the subsequent entry into an of the contents of employee hance, or other Company practice, she ofed, and that relationship cannot be undersigned and and that the Company make reduction in benefits.	ny type of employm dbooks, personnel r all serve to create a or otherwise to be altered except b ay, at any time, unil	nent relationship, either in the manuals, benefit plans, policy san actual or implied contract or change in any respect the early a written instrument signed may end the relationship araterally change or revise their	position applied statements, and of employment, or mployment-at-will by the President/ t any time, without benefits, policies and			
is cause for dismissal at any time without (unless otherwise indicated), references, a	any previous notice. I hereby give	e the Company per	mission to contact schools, pre	evious employers			
Signature of Applicant:			Date:				

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 $age, disability, \ \ Veteran \ status, or \ any \ state \ protected \ class. \ We \ assure \ you \ that \ your \ opportunity \ for \ employment \ with \ this \ Company \ depends \ solely \ on \ your \ qualifications.$

This Company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship,