



APPLICATION FOR EMPLOYMENT

Employer use only:

NWH	Q	NG
SB	OG	
TRANS	APP	Init: _____

Type or print clearly in black or blue ink. Answer **all** questions.

_____		_____
NAME (Last, First, Middle)		SOC. SEC. #
_____		_____
ADDRESS		HOME PHONE NO.
_____		_____
CITY	ZIP	CELL PHONE NO.
_____		_____
E-MAIL ADDRESS		DATE OF BIRTH
_____		_____
POSITION DESIRED _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
HAVE YOU WORKED FOR THIS COMPANY BEFORE?		Yes___ No___
HAVE YOU APPLIED FOR THIS COMPANY BEFORE?		Yes___ No___
IF YOU ARE A MINOR UNDER AGE 18, DO YOU HAVE?		
A CERTIFICATE OF AGE OR EMPLOYMENT? _____		OVER 18___ Yes___ No___
DO YOU HAVE THE RIGHT TO WORK AND REMAIN IN THE U.S.? Yes___ No___		
(Proof of identity and legal authority to work in the U.S. is a condition of employment)		

EDUCATION:	SCHOOL NAME AND TOWN	MAJOR	DEGREE/DIPLOMA
HIGH SCHOOL	_____	_____	_____
Going to college in the fall? _____ If so, where? _____			
COLLEGE	_____	_____	_____
OTHER	_____	_____	_____

SCHOOL ACTIVITIES, SPORTS, CLUBS, ETC. YOU ARE ACTIVE IN: _____

SPECIAL SKILLS AND QUALIFICATIONS: List job-related licenses, skills, training, honors, awards, and special accomplishments

EMPLOYMENT HISTORY: (START WITH PRESENT OR LAST POSITION)

Employer _____

Address _____

Supervisor _____

Phone _____

Position Title _____

From _____ To _____

Duties _____

Salary starting \$ _____ ending \$ _____

Reason for leaving: _____

EMPLOYMENT HISTORY: (PREVIOUS POSITION TO ABOVE)

Employer _____

Address _____

Supervisor _____

Phone _____

Position Title _____

From _____ To _____

Duties _____

Salary starting \$ _____ ending \$ _____

Reason for leaving: _____

WHAT DIDN'T YOU LIKE ABOUT YOUR PREVIOUS JOB?

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYER?

WHY ARE YOU INTERESTED IN WORKING FOR THIS COMPANY?

DID ANONE REFER YOU TO THIS JOB? YES NO
IF YES WHO _____

REFERENCES: (EXCLUDE RELATIVES AND FRIENDS)*

Name	Phone No.	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

*References may be contacted for verification

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

HAVE YOU BEEN CONVICTED OF A FELONY? Yes No

If yes, give details: _____

Please list you availability below. Please write the time you are available to start working and the time you can work until for each day, listing both school year and summer time availability.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
SCHOOLYEAR							
SUMMER							

*If you are at least 16 years of age or older you will be required to work on Friday or Saturday until 11pm.

Do you have a reliable source of transportation?

Yes____ No____

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR EITHER NOT HIRING ME OR FOR MY DISMISSAL. I UNDERSTAND THAT BY SUBMITTING THIS APPLICATION, I AGREE TO HAVE MY INFORMATION SUBMITTED FOR A COMPLETE BACKGROUND CHECK.

SIGNATURE_____

DATE_____