

Application for Employment

Name _____ Date _____
Last
First
Middle

Address _____
Street
City
State
Zip Code

Telephone # () _____ Other Phone # () _____ Email _____

Referred by _____

Position(s) applied for _____ Date available _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Salary desired _____

Are you legally eligible for employment in this country? Yes No

Languages: English Spanish Other _____

Are you available to work overtime if required? Yes No

Are you available to work weekends if required? Yes No

Have you been employed at this company before? Yes No
 If yes, when? _____ and at what location? _____

As part of our company policy, it is standard procedure to perform a criminal background check on someone we are considering for employment. Would you object to such a procedure? Yes No

EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, ST	GRADUATED?	DEGREE(s)/DIPLOMA(s) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Yes No

EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

02/10/05

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
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EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	per	

REASON FOR LEAVING	HOURLY RATE/SALARY	
		FINAL
MAY WE CONTACT FOR REFERENCE?	\$	per
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

COMMENTS INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

What was the best job you've ever had? Why did you like it so much? _____

What was your least favorite job? What did you NOT like about it? _____

Who was the best supervisor or manager you've had? What characteristics made that person a good manager? _____

Think of the WORST supervisor or manager you've had. What characteristics made that person a POOR manager? _____

What are your greatest strengths? _____

As your skills and abilities relate to your work experiences, what are the areas for improvement? _____

What traits or characteristics do you most admire in co-workers? _____

What traits or characteristics do you most DISLIKE in co-workers? _____

If you won five million dollars in the lottery, would you choose to work? What would you do with your time? _____

What was the funniest thing that ever happened to you at work? _____

What do you think is the most difficult part of sales / customer service work? _____

Imagine you have been on your feet and working hard all day. A customer has a crisis that requires extra effort. What do you do?

REFERENCES

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			()
			()
			()

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any

specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal Immigration laws require me to complete an I-9 Form in this regard.

Applicant's Signature _____ **Date** _____