



EMPLOYMENT APPLICATION

Name _____

Date _____

Address _____

City _____

Position applying for _____

Zip Code _____

Date you can Start _____

Telephone _____ - _____ - _____

Can you work Full Time Part Time Temporarily

Email _____

EMPLOYMENT HISTORY—Begin with most recent position

| Date of Employment Month -Year | Name and address of Employer (include military service) Name & Telephone of Supervisor | Job Title and Brief Description of Responsibilities | Salary | Reason for Leaving |
|-----------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------|--------------------|
| From: | | | | |
| To: | | | | |
| From: | | | | |
| To: | | | | |
| From: | | | | |
| To: | | | | |
| From: | | | | |
| To: | | | | |
| From: | | | | |
| To: | | | | |

May we contact the employers listed above? Yes No Are you currently Employed? Yes No
 Are you under the age of 18? Yes No

| <u>Education</u> | <u>Name and Location</u> | <u>Type of Diploma</u> | <u>Did you Graduate</u> |
|------------------------------|--------------------------|------------------------|-------------------------|
| High School | _____ | _____ | _____ |
| Trade or Technical school | _____ | _____ | _____ |
| College | _____ | _____ | _____ |

List any special skills or training: _____

IMPORTANT—PLEASE READ
 As an "equal opportunity employer" this company's policy as well as Federal and State Law, prohibits discrimination in employment based on race, color, religion, sex, national origin, physical handicap or age with respect to individuals who are at least 18 years of age.
 As part of this application for employment, I hereby authorize the company to investigate my references and to make an independent investigation of my character, conduct and employment records.
 I further agree that failure to reveal any prior employer or the giving of false or misleading information by me will be grounds for termination of employment.
 SIGNATURE _____ DATE _____
 REFERRED BY: _____