



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City _____ State _____ ZIP Code _____

Phone: **(Home)** _____ Mobile: _____

SS Number: _____ Email Address: _____ **Are You 18 years or older?** _____

Position Applied For _____ Date of Birth _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO If yes, explain _____

Do you have a Driver's License? _____ Driver's License Number _____

Have you had any moving violations within the past three (3) years? _____

Is there any type of impairment that would prevent you from fully performing the duties of the job for which you are applying?

Education Information

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list two, non-family, references.

Full Name: _____ Relationship: _____

Phone: () _____

Full Name: _____ Relationship: _____

Phone: () _____

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, please explain: _____

Can you work weekends: _____ Can you work evenings? _____
Are you available to work in the summer? _____ Are you able to work split shifts, if applicable? _____
Please list your skills: _____

Application Waiver Form: Please Read Carefully and initial each paragraph as well as sign at the end.

I certify that my answers are true and complete to the best of my knowledge.

In exchange for consideration of my job application, I agree to the following:

I authorize investigation of all statements contained in this application. I understand that any misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the company permission to contact schools, previous employers (unless otherwise indicated), references, DMV or other type law enforcement agency and others and hereby release the company from liability as a result of such contacts.

I understand that the company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment and consent to and compliance with such policies is a condition of my employment. Continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related health questionnaire and/or physical exams.

I understand that in connection with the routine processing of this application, the company may request, from a consumer reporting agency, an investigative report including information as to my character, general reputation, mode of living and credit records. Upon written request from applicant, the company will provide additional information concerning the nature and scope of such report(s) as required by the Fair Credit Reporting Act.

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of the company or otherwise to change in any respect the employment at will relationship between the undersigned and the company. Both the undersigned and the company may end the employment relationship at any time, without specific notice or reason. If employed, the undersigned indicates understanding that the company may unilaterally change or revise benefits, policies and procedures and such changes may include reduction of any benefits. The company is considered a seasonal company is under no obligation to promise a set number of hours to any employee..

Employment with the company shall be probationary for a period of 90 days from the date of first reporting to work and further that at any time during the probationary period or thereafter, my employment relationship with the company may be terminated at will for any reason by either party.

The company provides a smoke free and tobacco free working environment. Non compliance with this policy can result in termination of employment.

Print Name: _____

Signature: _____ Date: _____