



APPLICATION FOR EMPLOYMENT

AS YOU WISH

EQUAL OPPORTUNITY EMPLOYER: AS YOU WISH IN ACCORDANCE WITH STATE AND FEDERAL LAWS, DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, MARITAL STATUS, DISABILITY OR ANY OTHER CONDITION OR CHARACTERISTIC PROTECTED BY APPLICABLE LAW.

PERSONAL

NAME _____ DAY TELEPHONE(_____) _____ - _____

STREET ADDRESS _____

Apt# _____ CITY, STATE _____ ZIP CODE _____

CELL PHONE(_____) _____ - _____ ARE YOU 16 YRS OR OLDER? _____

POSITION APPLIED FOR _____ EXPECTED SALARY\$ _____

DATE AVAILABLE FOR WORK _____ FULL TIME OR PART TIME _____

SPECIAL SCHEDULING NEEDS _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA? _____

HAVE YOU BEEN EMPLOYED BY AS YOU WISH IN THE PAST? _____

WHY DO YOU WANT TO WORK FOR AS YOU WISH? _____

IF YES, WHEN AND WHY DID YOU LEAVE? _____

DO YOU HAVE FRIENDS CURRENTLY EMPLOYED BY AS YOU WISH? _____

IF YES, WHO _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, STATE AND

DATE OF CRIME YOU WERE CONVICTED AND THE SENTENCE _____

DO YOU HAVE ANY LIMITATIONS THAT WE SHOULD BE AWARE OF? _____

IF YES, EXPLAIN _____

EMERGENCY CONTACT NAME _____

DAY TIME PHONE(_____) _____ CELL PHONE(_____) _____

EDUCATION

HIGH SCHOOL _____ # OF YEARS _____

DID YOU GRADUATE? _____

COLLEGE _____ # OF YEARS _____

DID YOU GRADUATE? _____ MAJOR _____

WORK EXPIERENCE

CURRENT EMPLOYER _____ PHONE# _____

POSITION _____

MAY WE CONTACT YOUR EMPLOYER _____ WHY ARE YOU LEAVING? _____

FORMER EMPLOYER (1) _____ PHONE# _____

POSITION _____

FORMER EMPLOYER (2) _____ PHONE# _____

POSITION _____

FORMER EMPLOYER (3) _____ PHONE# _____

POSITION _____

REFERENCES

LIST 2 REFERENCES

NAME _____ RELATIONSHIP _____

TELEPHONE # _____ YEARS KNOWN _____

NAME _____ RELATIONSHIP _____

TELEPHONE # _____ YEARS KNOWN _____

I HEARBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION, AND AUTHORIZE ANY FORMER EMPLOYERS AND EDUCATIONAL INSTITUTION TO GIVE ANY AND ALL INFORMATION REQUESTED REGARDING EMPLOYEMENT. I CERTIFY THAT STATEMENTS ARE TRUE AND FALSE REPRESENTATIONS OR OMISSION OF FACTS CALLED FOR HEREIN WOULD BE CAUSE FOR DISCHARGE REGARDLESS OF WHEN DISCOVERED.

SIGNATURE: _____ DATE: _____