

Employment Application

Applicant Information								
Full Name:	Last First				Date:			
					IVI. I.			
Address:	Street Address					Apartment/Unit #		
	City				State	ZIP Code		
Phone:		E	Email					
Position/De	partment Applied For:							
Are you aut	horized to work in the U.S.?		ES NO					
		Educa	ation					
High Schoo	l:	City :						
From:	To:	Did you graduate?	YES	NO	Diploma::			
College:		Address:						
From:	To:	Did you graduate?	YES	NO	Degree:			
Other:		Address:						
From:	To:	Did you graduate?	YES	NO	Degree:			
		Refere	ences					
Please list	two professional reference	S.						
Full Name:					Relationship	:		
Company:					Phone	:		
Full Name:					Relationship	:		
Company:					Phone	:		

Previous Employment (Most Current First)							
Company:				Phone:			
Address: _				Supervisor:			
Job Title:	Starting S	alary: \$		Ending Salary:\$			
Responsibilitie	s:						
From:	To:	Reason for	r Leaving:_				
May we contact	ct your previous supervisor for a reference?	YES	NO 🗆				
				Phone:Supervisor:			
	Starting S		Ending Salary:\$				
Responsibilitie	s:						
From:	To:	Reason for	r Leaving:_				
May we contact	ct your previous supervisor for a reference?	YES	NO				
	Military	Service					
Branch:			From:_	To:			
Rank at Discha	arge:	Type of [Discharge:_				
If other than ho	onorable, explain:						
	Disclaimer a	nd Signat	ure				
I certify that m	y answers are true and complete to the be	st of my kno	wledge.				
I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and may be terminated at any time, with or without cause and with or without notice.							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
Signature:				Date:			

EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of race, color, creed, religion, national origin, ancestry, sex, sexual orientation, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.



Name

General Availabilty Form

	М	Tu	W	Th	Fr	Sa	Su	
Open								
Mid								
Close								
X = Available t	o work							
Hours Minimum # of hours I would want to work per shift Maximum # of hours I would want to work per shift Ideal number of hours per week I am willing to work overtime Shifts Minimum # of shifts I would want to work per week Maximum # of shifts I would want to work per week I deal number of shifts per week I am willing to trade shifts and pick up other hours								
Tam willing to	trade s	nirts an	а ріск с	ip otner	nours			
Start/End Date	es							
My first day av		to work	<					
My last day av	ailable 1	to work	this su	mmer				
I will be availab	ole to w	ork this	s fall/wi	nter				
Notes								
Time off needed								