



APPLICATION FOR EMPLOYMENT

DATE: _____

POSITION APPLIED FOR:

PERSONAL INFORMATION

(Please fill out entire application)

Last name	First	Middle Name (No Initials)	Home Telephone ()
Street Address	Apt.#		Business Telephone ()
City, State, Zip Code	Social Security #		Drivers License #/State

Previous Address, City, State, Zip	Date of birth
------------------------------------	---------------

Previous Address, City, State, Zip

Are you legally eligible for employment in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you over 18 years of age?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If not, employment is subject to verification of age.</i>
---	---	-------------------------------	---	--

Have you ever been employed by our Company	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what year?	What were your duties?
--	---	--------------------	------------------------

Do you have any relatives employed by our Company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please state name, relationship and position.
--	---	---

When will you be available to begin work?	Can you work the entire season?	Yes <input type="checkbox"/> No <input type="checkbox"/>	What hours can you work?
---	---------------------------------	---	--------------------------

Emergency Contact: Name	Daytime Telephone	Relationship
-------------------------	-------------------	--------------

EMPLOYMENT HISTORY

Current Employer (Name/Address)	Job Title	Employed From _____ to _____ Begin Wage _____ End Wage _____
---------------------------------	-----------	---

Name of Supervisor	Telephone	May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, why?
--------------------	-----------	-------------------------------	---	-------------

Previous Employer (Name/Address)	Job Title	Employed From _____ to _____ Reason for leaving: Begin Wage _____ End Wage _____
----------------------------------	-----------	--

Name of Supervisor	Telephone	May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, why?
--------------------	-----------	-------------------------------	---	-------------

Previous Employer (Name/Address)	Job Title	Employed From _____ to _____ Reason for leaving: Begin Wage _____ End Wage _____
----------------------------------	-----------	--

Name of Supervisor	Telephone	May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, why?
--------------------	-----------	-------------------------------	---	-------------

SKILLS (List all pertinent skills)**EDUCATION**

Name and Location of School	No. of years Completed	Did you graduate?	Course of Study	Degree or Diploma
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Business/Trade/Technical		Yes <input type="checkbox"/> No <input type="checkbox"/>		
College		Yes <input type="checkbox"/> No <input type="checkbox"/>		

REFERENCES

(Please list 3 references you have known for the past 5 years).

Name and Address	Telephone

CRIMINAL HISTORY

Have you ever been convicted of any offense?

Yes

No

If yes, give specific details in each incident.

Offense	Date	Disposition

SIGNATURE

I certify that the facts contained in this Application for Employment are true, correct and complete to the best of my knowledge. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Our Company or its agents have my permission to request and obtain information necessary to verify the accuracy and completeness of this application. I authorize your Company to engage an investigative consumer reporting agency to report on my credit and personal history. I release your Company and its agents from any liability in obtaining or releasing any such information. If a report is obtained, you must provide, at my written request, the name of the agency so that I may obtain from them the nature and substance of the information contained in this report.

This application will be held by our Company for 30 days from the application date.

Signature

Date

OFFICE USE ONLY

HIRED:

No

Yes

Hire Date

Hired By:

PAY RATES

Hourly Rate:

G/L Code:

Hourly Rate:

G/L Code:

Supervisor:

Supervisor:

W-4

I-9

Verified Age if 18 or Under

Supervisor's Signature:

Date: