

Employment Application

Applicant Information Full Name: Date: First M.I. Last Address: Street Address Apartment/Unit # City State ZIP Code Phone: Email: Date Available: Social Security No.: Desired Salary:\$ Position Applied for: Weekend Shift (PT) \square Weekend Overnights (PT) \square Day/Mid Shift (FT) \square Overnights (FT) \square YES NO NO Are you a citizen of the United States? If no, are you authorized to work in the U.S.? YES NO If yes, when? Have you ever worked for this company? YES NO Have you ever been convicted of a felony? If yes, explain: Education High School: _____ Address:_ To: Did you graduate? Diploma: College: Address: NO To: Did you graduate? Degree: П Other: YES NO _____ To:____ Did you graduate? Degree:

Professional References

Please list three professional references. (Please do not use Family Members)

| Full Name: | | Relationship: |
|---|--|-------------------|
| | | |
| Company: | | Phone: |
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| Address: | | |
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| Full Name: | | Relationship: |
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| Company: | | Phone: |
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| Address: | | |
| | Previous Employment | |
| Company: | | Phone: |
| Address: | | Supervisor: |
| | | |
| Job Title: | Starting Salary: \$ | Ending Salary: \$ |
| Responsibilities: | | |
| From: | To:Reason for Leaving: | |
| Moving | YES NO | |
| iviay we con | tact your previous supervisor for a reference? | |

| 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? | | | |
| Company: | Phone: | | |
| Address: | Supervisor: | | |
| Job Title: | Starting Salary: \$Ending Salary: \$ | | |
| Responsibili | ities: | | |
| From: | To:Reason for Leaving: | | |
| May we con | YES NO tact your previous supervisor for a reference? | | |
| Do you have | e: □ Article 9 □ Prevention & Support Certificate □ First Aid & CPR □ Fingerprint Clearance Card all that apply | | |
| | Military Service | | |
| Branch: | From: To: | | |
| Rank at Disc | Rank at Discharge: Type of Discharge: | | |
| If other than | honorable, explain: | | |
| | Disclaimer and Signature | | |
| I certify that my answers are true and complete to the best of my knowledge. 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: | | |