



## Employee Application

Last Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ First Name: \_\_\_\_\_  
 Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mobile #: \_\_\_\_\_ Alternate #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
 Are you legally authorized to work in the United States?  No  Yes

Date available to start: \_\_\_\_\_

Indicate when you are available to be scheduled (specify a.m. or p.m). Due to the nature of our business, the more available you are the more opportunities we can consider you for:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

List your three most recent jobs with the last five years or attach resume

**Company** \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Dates worked: From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Reason for leaving \_\_\_\_\_  
 Hourly rate: \_\_\_\_\_ Supervisor \_\_\_\_\_

**Company** \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Dates worked: From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Reason for leaving \_\_\_\_\_  
 Hourly rate: \_\_\_\_\_ Supervisor \_\_\_\_\_

**Company** \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Dates worked: From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Reason for leaving \_\_\_\_\_  
 Hourly rate: \_\_\_\_\_ Supervisor \_\_\_\_\_

School (Name, City and State)	Years Completed	Degree Earned	Major/Minor



List the names and telephone numbers of 2 previous supervisors, 1 coworker and a personal reference not related to you.

Name	Title	Relationship to you	Telephone	# of years known

Have you ever been convicted of a crime? No Yes

If yes, explain number of conviction(s), nature of offenses, how recently such offenses were committed, sentences imposed and types of rehabilitation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Please read carefully before signing application**

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination.

I authorize the company to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employers to disclose to the company and all information they may have concerning my previous employment, in addition, I hereby release the company, my former employers, and all other persons from and all claims, demands, or liabilities arising out of, or in any way related to, such disclosure.

I acknowledge that, if employed, both the company and I have the right terminate the employment relationship at any time, with or without cause or advance notice. This employment at will relationship will remain in effect throughout my employment with the company and may not be modified by any oral or implied agreement.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

