



Date \_\_\_\_\_

Name in Full (print) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Last Name) (First Name) (Initial)

Home Address \_\_\_\_\_  
(City) (State) (Zip Code)

Residence Telephone ( ) \_\_\_\_\_ Message Telephone ( ) \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

ALL APPLICANTS MUST INDICATE THE SPECIFIC JOB FOR WHICH THEY ARE APPLYING. FIRST CHOICE	HAVE YOU WORKED FOR THIS COMPANY BEFORE? ____ YES ____ NO DATE LEFT _____	HAVE YOU EVER WORKED FOR OUR COMPANY BEFORE UNDER ANOTHER NAME? ____ YES ____ NO (IF YES, WHAT NAME?.)
SECOND CHOICE	ARE YOU ONLY INTERESTED IN SEASONAL EMPLOYMENT? ____ YES ____ NO	ARE YOU AT LEAST 16 YEARS OF AGE? ____ YES ____ NO
SALARY EXPECTED:	WILL YOU ACCEPT PART-TIME WORK? ____ YES ____ NO	DATE AVAILABLE:
CAN YOU ACCEPT A POSITION IMMEDIATELY? ____ YES ____ NO	<b>MONDAY</b>	<b>TUESDAY</b>
CHECK DAYS AVAILABLE TO WORK IN BOXES PROVIDED AT RIGHT. <small>(Inability to work on any given day will not necessarily bar applicant from employment.)</small>	(DAY)	<b>WEDNESDAY</b>
	(NIGHT)	<b>THURSDAY</b>
		<b>FRIDAY</b>
		<b>SATURDAY</b>
		<b>SUNDAY</b>

Are you legally eligible for employment in the U.S.? \_\_\_\_ YES \_\_\_\_ NO REFERRED BY \_\_\_\_\_

Have you ever been convicted of a felony (a conviction will not necessarily bar an application from employment)? \_\_\_\_ YES \_\_\_\_ NO

(If yes, explain) \_\_\_\_\_

**RECORD OF PREVIOUS EMPLOYMENT:**

Please list the names of your previous employers during the past five year period in chronological order with present or most recent employer listed first. Be sure to account for all periods of time including military service and any periods of unemployment. If self-employed, give the firm name and supply business references. (Attach extra sheets if necessary.)

NAME OF PRESENT OR PREVIOUS EMPLOYER	EMPLOYED FROM (MO./YR.)	PAY START	TITLE OR POSITION	REASON FOR LEAVING
ADDRESS				
CITY, STATE, ZIP CODE	TO (MO./YR.)	FINAL	NAME OF IMMEDIATE SUPERVISOR	
TELEPHONE ( )				
NAME OF PRESENT OR PREVIOUS EMPLOYER	EMPLOYED FROM (MO./YR.)	PAY START	TITLE OR POSITION	REASON FOR LEAVING
ADDRESS				
CITY, STATE, ZIP CODE	TO (MO./YR.)	FINAL	NAME OF IMMEDIATE SUPERVISOR	
TELEPHONE ( )				
NAME OF PRESENT OR PREVIOUS EMPLOYER	EMPLOYED FROM (MO./YR.)	PAY START	TITLE OR POSITION	REASON FOR LEAVING
ADDRESS				
CITY, STATE, ZIP CODE	TO (MO./YR.)	FINAL	NAME OF IMMEDIATE SUPERVISOR	
TELEPHONE ( )				

**EDUCATIONAL HISTORY:**

NAME	COMPLETE ADDRESSES OF SCHOOLS	ACADEMIC MAJOR	G.P.A.	YEARS ATTENDED	GRADUATED
TECHNICAL OR VOCATIONAL SCHOOL					____ YES ____ NO
JUNIOR COLLEGE OR UNIVERSITY					____ YES ____ NO
LAST HIGH SCHOOL					____ YES ____ NO
LAST ELEMENTARY SCHOOL					____ YES ____ NO
OTHER DETAILS OF EXPERIENCE OR TRAINING INCLUDING INFORMATION ON ADULT EDUCATION PROGRAMS WHICH HAVE A DIRECT BEARING ON THE JOB WHICH YOU ARE SEEKING?	SCHOOL	COURSE	DIPLOMA OR CERTIFICATE?	DATE COMPLETED	

**CHARACTER REFERENCES:**

Please do not include family members or persons living with you.

NAME	OCCUPATION	ADDRESS (STREET, CITY, STATE)	TELEPHONE NUMBER	NO. OF YEARS KNOWN

Have you ever been terminated, laid-off or asked to resign from any job?     YES     NO

(If yes, explain) \_\_\_\_\_

Please explain fully any gaps in your employment history: \_\_\_\_\_

May we contact your current employer?     YES     NO

(If no, please explain) \_\_\_\_\_

If hired do you agree to abide by the safety rules of the Company?     YES     NO

This job demands vigorous physical activity (i.e., standing for long periods of time, pushing, pulling, lifting, bending, etc.). Can you perform these functions with reasonable accommodations?     YES     NO

I agree that, if applicable, I will accurately declare any tips to the I.R.S.     YES     NO

I understand that to promote a safe and healthy working environment we do pre-employment drug screening.     YES     NO

In case of emergency, notify:

Name	Address	Phone No
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**THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT, YOU MUST REAPPLY.**

**APPLICANT'S STATEMENT AND AGREEMENT:**

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT**

**I hereby acknowledge that I have read the above statements and understand the same.**