



FOR OFFICE USE ONLY	
EMP. NO.	_____
W4	_____
WORKING PAPER #	_____

EMPLOYMENT APPLICATION

Position Applying For: _____

NAME: _____		
First	Middle	Last
ADDRESS: _____ CITY _____ STATE _____ ZIP _____		
TELEPHONE _____ Are you 16 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of age or a work permit may be required.)		

In Case of Emergency Notify:		
NAME: _____ TELEPHONE _____		
First	Middle	Last
ADDRESS: _____ CITY _____ STATE _____ ZIP _____		

AVAILABILITY:

Are you legally able to be employed in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, verification will be required by law)								
What type of position are you seeking? <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary								
Are you able to meet the attendance requirements of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No								
HOURS AVAILABLE		S	M	T	W	T	F	S
	From							
	To							
Total hours available per week _____								
Date available to start work _____								

SCHOOL MOST RECENTLY ATTENDED:

NAME: _____		ADDRESS: _____	
CITY: _____		STATE: _____ TELEPHONE (_____) _____	
TEACHER OR COUNSELOR: _____		LAST GRADE COMPLETED: _____	
GRADE AVERAGE: _____		GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		NOW ENROLLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Sports or activities? _____			

MOST RECENT EMPLOYMENT:

Company: _____		Address: _____	
Telephone: _____		Position: _____ Supervisor: _____	
Dates Worked: From _____ To _____		Wage: _____ Mgmt. ref. ck. done by: _____	
Reason for leaving: _____			

Company: _____		Address: _____	
Telephone: _____		Position: _____ Supervisor: _____	
Dates Worked: From _____ To _____		Wage: _____ Mgmt. ref. ck. done by: _____	
Reason for leaving: _____			

Do we have your permission to contact your current employer? ☐ Yes ☐ No
If NO, please explain: _____

REFERENCES: (Please do not use family members)

Name: _____	Telephone: _____	Years Known: _____
Address: _____	City: _____	State: _____
Name: _____	Telephone: _____	Years Known: _____
Address: _____	City: _____	State: _____

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. WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Signature: _____ Date: _____