



EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PROPERTY: _____

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE / ZIP CODE	
PERMANENT ADDRESS	CITY	STATE / ZIP CODE	
PHONE NUMBER	ALTERNATE PHONE NUMBER	EMAIL ADDRESS	
POSITION APPLIED FOR	REFERRED BY	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL			
HAVE YOU EVER APPLIED (<input type="checkbox"/> YES <input type="checkbox"/> NO) OR WORKED (<input type="checkbox"/> YES <input type="checkbox"/> NO) FOR THIS COMPANY BEFORE? WHICH PROPERTY? _____ WHEN? _____			
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF NOT, ARE YOU LEGALLY ALLOWED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL			
COLLEGE/ UNIVERSITY			
OTHER			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS		
MILITARY SERVICE	RANK	DATES



EMPLOYMENT HISTORY

(START WITH THE MOST RECENT EMPLOYER)

DATES OF EMPLOYMENT FROM: _____ TO: _____		POSITION HELD	SUPERVISOR'S NAME
COMPANY		ADDRESS	
PHONE	SALARY	REASON FOR LEAVING	
DATES OF EMPLOYMENT FROM: _____ TO: _____		POSITION HELD	SUPERVISOR'S NAME
COMPANY		ADDRESS	
PHONE	SALARY	REASON FOR LEAVING	
DATES OF EMPLOYMENT FROM: _____ TO: _____		POSITION HELD	SUPERVISOR'S NAME
COMPANY		ADDRESS	
PHONE	SALARY	REASON FOR LEAVING	

REFERENCES

NAME	ADDRESS	PHONE	YEARS KNOWN
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NAME	ADDRESS	PHONE	YEARS KNOWN

AVAILABILITY

Please place an X on all shifts you can work.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7am - 3pm							
3pm - 11pm							
12pm - 8pm							
11pm - 7am							

Comments about your availability:

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, EDUCATIONAL, FINANCIAL, OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY FOR AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS OR PERSONS FROM ALL LIABILITY WHEN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.

IN THE EVENT I AM EMPLOYED, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE.

SIGNATURE OF APPLICANT: _____ DATE: _____

