

APPLICATION FOR EMPLOYMENT

This application must be filled out in its *entirety* for you to be considered for employment. Resumes should not be submitted in lieu of the information requested below.

| NAME: First ADDRESS: Street | Middle Ci | Last | DOB (if un | Zip Code | |
|--|---------------------------------------|-----------------------|----------------|----------|--|
| CONTACT INFO: Home () Cell () | Email (<i>optional</i>) | | | | |
| Have you ever been convicted of Yes No If yes, please explain below: | of a felony which has no | t been annulled | or sealed by o | court? | |
| Would you willingly submit to a drug test? Yes No | | | | | |
| POSITION APPLIED FOR: | TYPE OF WORK: How did you hear about | Full Time ut the job? | Part Time | | |
| HOURS OF AVAILABILITY: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: | | | | | |

EDUCATION

| Name and Location | Did you Graduate? | Major of Study |
|-------------------|----------------------------------|----------------|
| High School: | YesNo | |
| College: | YesNo | |

WORK EXPERIENCE

| Company Name | Job Title Responsibilities/ Duties | Employment Dates | Wage earned | Reason for Leaving |
|--------------|---------------------------------------|---------------------|----------------|-----------------------|
| | | From: To: | | |
| | | From: To: | | |
| | | From: To: | | |

REFERENCES

| Name & Occupation | Address | Telephone | Years Known |
|-------------------|---------|-----------|----------------|
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AUTHORIZATION

| , | on are true and complete to the best of my knowledge and unbe grounds for dismissal. I authorize investigation of all star | |
|---|--|--------------|
| contained in this application and the re- | eferences and employers listed above to give you any and all and any pertinent information they may have – personal or or | information |
| and release the company from all liabil | ility for any damage that may result from utilization of such | information. |
| Signature | Date | |
| | | |