



Job Application

APPLICANT INFORMATION

Last Name			First			M.I.	Date		
Street Address						Apartment/Unit #			
City			State			ZIP			
Phone			E-mail Address						
Date Available			Total Hours Desired per week			Desired Salary per hour			
Can you work weekends?			Can you work evenings?			Position Applied for			
Preferred work Days/Hours?									
Limitations on what hours you can work									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, do you have proof that you are authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
If hired, do you have reliable transportation to get to and from work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, explain						
Are you under 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, do you have a work permit?						
Any friends/relatives working for this us?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
If hired, can you complete the functions of this type of job with/without reasonable accommodation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain						
<p><i>Note: Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.</i></p>									
Can you lift at least 25 lbs. and stand on your feet for long periods of time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain						
Have you ever been convicted of a felony or misdemeanor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when						
If yes, please describe the state/nature of the crime(s), when and where convicted and disposition of the case:									
<p><i>Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.</i></p>									
Do you use tobacco products?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How often?						
Could you pass a drug test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain						
Do you have any visible piercings or tattoos?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Is English your first language?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain						
What is your favorite candy?			Do you shop in our store regularly?						

Do you have any specialized skills, experience, or knowledge that may help you perform the duties of this position?

EDUCATION

High School					Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Course of Study	
College					Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other					Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

PREVIOUS EMPLOYMENT

Company				Phone				
Address				Supervisor				
Job Title			Starting Salary		\$		Ending Salary \$	
Responsibilities								
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Company				Phone				
Address				Supervisor				
Job Title			Starting Salary		\$		Ending Salary \$	
Responsibilities								
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Company				Phone				
Address				Supervisor				
Job Title			Starting Salary		\$		Ending Salary \$	
Responsibilities								
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	

If other than honorable, explain

CHARACTER REFERENCES

Name	Relationship
Address	Email
How long have they known you	Phone
Name	Relationship
Address	Email
How long have they known you	Phone
Name	Relationship
Address	Email
How long have they known you	Phone

ADDITIONAL INFORMATION

Please use this space to tell us anything else that you may not have had room for on this application or that might set you apart from another applicant

DISCLAIMER AND SIGNATURE

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 from employment.

Signature

Date

An Equal Opportunity Employer

We are an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.