



EMPLOYMENT APPLICATION

Conditions of employment are stated at the end of this form.
Please read carefully before you sign this application.
This application must be completed in full even if attaching a resume.

POSITION APPLIED FOR _____

DATE AVAILABLE _____

DATE OF APPLICATION _____

EMPLOYEE I.D. NUMBER _____

Full Name:		AKA:
Street Address:		How Long:
City:	State:	Zip
Home Telephone:	Cell:	Email:

SCHEDULE

Please keep in mind that schedules and shifts may vary depending on position and season. Additionally, the hours may vary from week to week, depending on the company needs. Please list only the times/days you're available to work below.

SPECIFY HOURS AVAILABLE DAILY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates:

ELIGIBILITY-Please circle one

Are you less than 18 years of age? (If yes, you will need to present a work permit.)	Yes	No
Do you have reliable means of transportation?	Yes	No
Do you have a valid driver's license?	Yes	No
Are you legally eligible for employment in the United States? (Proof will be required.)	Yes	No
Have you ever been discharged from any employment or asked to resign? If yes, please explain under "Information."	Yes	No
Have you ever been convicted of a criminal offense – felony or serious misdemeanor in the last 7 years? If yes, list nature of crimes, when and where convicted and disposition of the case under "Information."	Yes	No
Are you able to perform the essential functions of the job that you are applying for? List any reasonable accommodations needed under "Information."	Yes	No
Are you able to work overtime?	Yes	No
Have you worked at this company before? If yes, provide job title, location and dates of employment under "Information."	Yes	No
Do you have any family members and/or friends at this company? If so, please list under "Information."	Yes	No
Were you referred to this position by anyone? If so, please list under "Information."	Yes	No
Information:		

EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Do you have any special licenses, certificates or special training? If so, please list under "Special."		Yes	No
Are you computer literate? If so, list software knowledge under "Special."		Yes	No
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		Yes	No
Do you have any special skills not listed that are relevant to this position? If so, please list under "Special."		Yes	No
Special:			

EMPLOYMENT HISTORY

Begin with your most recent employment [1] and continue with 7 years of past employment (attach additional sheet if necessary)						
1	EMPLOYER	FROM		TO		JOB TITLE
		MO	YR	MO	YR	
NAME OF COMPANY						DESCRIBE YOUR DUTIES
ADDRESS		STARTING SALARY: \$				
TELEPHONE		ENDING SALARY: \$				
NAME & TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING				MAY WE CONTACT YOUR EMPLOYER?
2	EMPLOYER	FROM		TO		JOB TITLE
		MO	YR	MO	YR	
NAME OF COMPANY						DESCRIBE YOUR DUTIES
ADDRESS		STARTING SALARY: \$				
TELEPHONE		ENDING SALARY: \$				
NAME & TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING				MAY WE CONTACT YOUR EMPLOYER?
3	EMPLOYER	FROM		TO		JOB TITLE
		MO	YR	MO	YR	
NAME OF COMPANY						DESCRIBE YOUR DUTIES
ADDRESS		STARTING SALARY: \$				
TELEPHONE		ENDING SALARY: \$				
NAME & TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING				MAY WE CONTACT YOUR EMPLOYER?
PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:						

PROFESSIONAL & PERSONAL REFERENCES -Give below four (4) business references, which you have known for at least one (1) year

NAME	BUSINESS NAME	PHONE NUMBER / EMAIL	YEARS AQUAINTED

PLEASE READ CAREFULLY AND SIGN BELOW:

I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. I further certify that I, the undersigned applicant, have personally completed this application.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, gender bias, national origin, marital status, expunged juvenile records, or pregnancy, and any and other characteristic protected by Federal, State or Local law.

It is the policy of the company that all job candidates post-offer (contingency offer) have background checks completed including but not limited to criminal background information as a condition of employment. The company ensures that all background checks are held in compliance with applicable federal and state statutes, such as the Fair credit Reporting Act. The company reserves the right to make the sole determination concerning information or any employment decision arising out of the background check.

I authorize the investigation of all statements and information contained in this application. I authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. California Only: Applicants may omit any convictions for the possession of Marijuana that are more than two (2) years old, and any information or referral to, and participation in, pretrial or post trial diversion program.

I understand that nothing contained in the application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is at will, for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature _____ Printed Name _____ Date _____