



Employment Application

POSITION APPLIED FOR: _____

APPLICANT TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

YOUR NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

FULL TIME PART TIME TEMPORARY

AVAILABILITY

MON.
TUE.
WED.
THUR.
FRI.
SAT.
SUN.

Are you able to perform the essential functions of the position with or without accommodations?

YES NO

I AM ABLE TO REPORT TO WORK _____ DAYS AFTER BEING NOTIFIED THAT I AM HIRED.

REFERENCES: List two personal references who are not relatives.

NAME: ADDRESS: TELEPHONE: OCCUPATION: _____

NAME: ADDRESS: TELEPHONE: OCCUPATION: _____

EMPLOYMENT: List last employment first.

EMPLOYER NAME: ADDRESS: POSITION TITLE: _____

TELEPHONE EMPLOYED FROM: TO REASON FOR LEAVING: _____

EMPLOYER NAME: ADDRESS: POSITION TITLE: _____

TELEPHONE EMPLOYED FROM: TO REASON FOR LEAVING: _____

EMERGENCY CONTACT:

NAME: TELEPHONE: _____
ADDRESS: RELATIONSHIP: _____

INFORMATION TO THE APPLICANT: As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job.

I understand and agree to the information shown above.

SIGNATURE: _____ DATE: _____

EMPLOYER SECTION:

START DATE: POSITION: SUPERVISOR: HOURLY RATE: _____