

Application for Employment

Date _____

Personal Information

Name		Social Security No.	
Address		City	State
		Zip Code	
Phone No.	Secondary Phone No.	Referred By	

Employment Desired

Position			Start Date	Wage Desired	
Are you employed now?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, may we inquire of your employer?		No <input type="checkbox"/>
			Yes <input type="checkbox"/>		
Ever applied to this company before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, when?		No <input type="checkbox"/>
			Yes <input type="checkbox"/>		

Work Availability | Please write the hours you would be available to work each day.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Total Hours per Week Requested:						

Education History

	Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Other				

Former Employers | List below your last four employers, starting with the most recent.

Date	Name & Address	Wage	Position	Reason for Leaving
From				
To				

From				
To				
From				
To				
From				
To				

References | No family members.

Name	Phone No.	Business	Years Known

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application are grounds for dismissal.

I authorize investigation of all statements contained herein and the the references and employers listed above give you any and all information concerning my previous employment and and pertinent information they have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into and agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.”

Date _____ Signature _____

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