



EMPLOYMENT APPLICATION
PLEASE COMPLETE BOTH PAGES

NAME: (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY #

HOME ADDRESS CITY STATE ZIP CODE HOME PHONE

PERSON TO NOTIFY IN EMERGENCY: _____ PHONE: _____

POSITION APPLIED FOR: _____ DATE AVAILABLE: _____

ARE YOU 18 OR OLDER ? _____ IF NOT, STATE YOUR AGE: _____

DAYS/HRS AVAILABLE:

MUST BE ABLE TO PROVIDE AGE OR EMPLOYMENT CERTIFICATE

SUN _____ MON _____ TUES _____ WED _____

THURS _____ FRI _____ SAT _____

EDUCATION: NAME OF SCHOOL DID YOU GRADUATE?

HIGH SCHOOL: _____

COLLEGE: _____

U.S. MILITARY SERVICE: BRANCH DATES OF SERVICE RANK

REFERENCES: PERSONAL (DO NOT LIST RELATIVES)

NAME: PHONE: YEARS KNOWN

EMPLOYMENT HISTORY: MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

MAY WE CONTACT YOUR PRIOR EMPLOYERS? _____

EMPLOYER'S NAME/ADDRESS/PHONE	DATES EMPLOYED FROM - TO	POSITION HELD SUPERVISOR REASON LEFT JOB

HAVE YOU EVER BEEN DISCHARGED BY ANY COMPANY? _____

WHY? _____

HAVE YOU, IN THE PAST 5 YEARS, BEEN CONVICTED OF A FELONY? _____

IF YES, EXPLAIN: _____

IT IS UNDERSTOOD THAT ANY FALSE STATEMENT IN THIS APPLICATION IS SUFFICIENT CAUSE FOR DISMISSAL.

APPLICANT'S SIGNATURE

DATE SIGNED

PLEASE RETURN THIS APPLICATION TO OUR STORE IN PERSON.