



APPLICATION FORM FOR EMPLOYMENT

APPLICATION DATE: _____ POSITION INTERESTED IN: _____

Your Application will be considered active for 30 days and will be on file.

PERSONAL INFORMATION:

Name: _____
Address: _____
SS#: _____
Mobile No.: _____
Home Phone: _____

US Citizen? YES NO; if NO, Permanent Resident # A _____ Work Permit No. if under 15 years old: _____

WORK AVAILABILITY: AVAILABLE TO START WORK ON: _____

DAYS		MON	TUE	WED	THU	FRI	SAT	SUN
HOURS	FROM							
	TO							

EDUCATION: Presently Enrolled? yes no If yes, School Name: _____ Last Grade completed or Degree : _____

RATE YOURSELF!

1= Improvement needed, 2= OK, 3= Good, 4 = Top Performer

- ___ Energy Level- your sense of urgency, self motivation, and enthusiasm
- ___ Communication Skills-ability to listen well, express ideas clearly & accept feedback
- ___ Hospitality -your natural friendliness and customer service skills
- ___ Reliability – your dependability, attendance, self-discipline, and dedication
- ___ Personal Pride – your appearance, hygiene, and achievement
- ___ Teamwork – your cooperation with others and team spirit

BACKGROUND

- | | YES | NO |
|--|-----|-----|
| Are you 18 years of age or older? | ___ | ___ |
| Have you ever been convicted of felony? | ___ | ___ |
| Have you ever been convicted of any crime, excluding misdemeanors? | ___ | ___ |
| Have you ever been convicted of any crime, involving violence to another person? | ___ | ___ |
| Are you serving probation for any misdemeanor offense? | ___ | ___ |
| Have you ever been counseled or disciplined for cash handling violations? | ___ | ___ |

EMPLOYMENT HISTORY:

- Company Name: _____ Telephone No: _____
Address: _____ Supervisor Name: _____
Job Title: _____ Date From : _____ To: _____
Duties: _____ Salary / Rate: _____
Reason for Leaving: _____
- Company Name: _____ Telephone No: _____
Address: _____ Supervisor Name: _____
Job Title: _____ Date From : _____ To: _____
Duties: _____ Salary / Rate: _____
Reason for Leaving: _____
- Company Name: _____ Telephone No: _____
Address: _____ Supervisor Name: _____
Job Title: _____ Date From : _____ To: _____
Duties: _____ Salary / Rate: _____
Reason for Leaving: _____

REFERENCE: please list minimum 2 (excluding family members)

- Name: _____ Telephone No: _____
Relationship: _____ Address: _____
 - Name: _____ Telephone No: _____
Relationship: _____ Address: _____
- In case of emergency, contact: _____ Telephone No: _____

IMPORTANT – READ BEFORE SIGNING

I certify that information given herein is true and complete to the best of my knowledge. I understand that incorrect, misleading or incomplete information on this application may result in immediate termination of employment. I understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time and for any reason. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs before and during employment.

Signature: _____ Date: _____