



All applicants will receive consideration without regard to age, race, color, religion, sex, sexual orientation, gender identity, national origin, disability, ethnicity, or place of birth. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department

PERSONAL INFORMATION		Application Date	
Name (Last, First, Middle)		Position Applying For:	
Street Address	City	State	Zip Code
Email Address	Primary Telephone	Alternate Telephone	
How did you hear about us?	Date available to start work:		
If other:			
Please select the type of work desired. Check all that apply: <input type="checkbox"/> Full Time <input type="checkbox"/> Part time		Desired hourly rate of pay:	
Please select the shifts you are interested in. Check all that apply: <input type="checkbox"/> Midnight – 8am <input type="checkbox"/> 8am - 4pm <input type="checkbox"/> 4pm - 12am			
Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you legally eligible for employment in the US? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you willing to take a drug test? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been employed by this Company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list the dates of employment, position title and reason for leaving.			
Have you ever been convicted of a felony? Answering Yes will not necessarily affect your employability. <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain.			
Describe any job-related training you received in the military:			
Summarize special job-related skills and qualifications acquired from past employment or any other experience that you feel may be helpful when considering your application.			

EMPLOYMENT HISTORY			
Employer	City, State	Dates	to
Job title	Supervisor	Phone	Final rate of pay
Duties			
Please give your reason for leaving			
Can we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, why:			

Applicant Statement

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 of this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references previously listed to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, an release all parties from all liability for any damage that may result from furnishing them to you.

I authorize and request my former employers, references, education institutions, and credit agencies or reporting services which have information about me, to give The Company, any and all information and opinions about me in their possession and I release them from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state and local governmental agencies, including probation officers, to release to The Company any information requested concerning any criminal convictions on my record. A photocopy or fax of this signed authorization and waiver shall be valid as an original.

I understand that employment with this employer is at will and understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

I have read, understand and agree to the above statement. YES NO

Applicant printed name: _____

Date of electronic acknowledgement: _____