



**APPLICATION FOR EMPLOYMENT**  
THIS APPLICATION IS GOOD FOR 60 DAYS

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANT AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP, PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

**PLEASE PRINT**

DATE OF APPLICATION: \_\_\_\_\_

REFERRAL SOURCE:  Advertisement  Friend/Relative  Walk-in  Other \_\_\_\_\_

NAME \_\_\_\_\_  
First Middle Last

ADDRESS \_\_\_\_\_  
Number/Street City State Zip

TELEPHONE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ SHIFT APPLIED FOR:  1<sup>ST</sup>  2<sup>ND</sup>

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? \_\_\_\_\_

EXPECTED SALARY: \_\_\_\_\_

HAVE YOU FILED AN APPLICATION HERE BEFORE?  YES  NO IF YES, GIVE DATE: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE?  YES  NO IF YES, GIVE DATE: \_\_\_\_\_

ARE YOU EMPLOYED NOW?  YES  NO

IF YES, MAY WE CONTACT YOUR EMPLOYER?  YES  NO

ARE YOU 18 YEARS OF AGE OR OLDER?  YES  NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY?  YES  NO

IF HIRED, YOU WILL BE REQUIRED TO SUBMIT DOCUMENTS SUFFICIENT TO ESTABLISH EMPLOYMENT AUTHORIZATION AND IDENTITY IN COMPLIANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986. WHILE YOU NEED NOT PROVIDE THIS PROOF OF CITIZENSHIP OR IMMIGRATION STATUS AT THE TIME YOU ARE INTERVIEWED, PLEASE BE PREPARED TO ASSURE US THAT YOU CAN DO SO IMMEDIATELY UPON BEING HIRED.

ARE YOU ON LAY-OFF AND SUBJECT TO RECALL?  YES  NO



EMPLOYER: \_\_\_\_\_ FROM DATE: \_\_\_\_\_ TO DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ START RATE: \_\_\_\_\_ END RATE: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ FROM DATE: \_\_\_\_\_ TO DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ START RATE: \_\_\_\_\_ END RATE: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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INTERVIEWED BY: \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_\_

HIRED: YES  NO

IF NO, WHY? \_\_\_\_\_  
\_\_\_\_\_

IF YES, PLEASE COMPLETE THE FOLLOWING:

START DATE: \_\_\_\_\_ SHIFT: 1<sup>ST</sup> (DAY)  2<sup>ND</sup> (NIGHT)

STARTING WAGE: \_\_\_\_\_

SHIFT DIFFERENTIAL: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

TITLE: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

EMPLOYEE LEVEL: FULL TIME

PART TIME

STUDENT

HAVE ANY SPECIAL ARRANGEMENTS BEEN MADE WITH THIS PERSON?

IF YES, WHAT? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_