



**APPLICATION FOR EMPLOYMENT  
EQUAL OPPORTUNITY EMPLOYER**

APPLICANT INSTRUCTIONS:

1. COMPLETE ALL INFORMATION ON THE FORM. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
2. PRINT CLEARLY. ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.

TODAY'S DATE \_\_\_/\_\_\_/\_\_\_ SOCIAL SECURITY # \_\_\_/\_\_\_/\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MI

CURRENT ADDRESS \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

PERMANENT ADDRESS \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

HOME PHONE #( ) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE #( ) \_\_\_\_\_ - \_\_\_\_\_

DL# \_\_\_\_\_ TYPE ID \_\_\_\_\_ STATE ISSUED \_\_\_\_\_  
DOB \_\_\_/\_\_\_/\_\_\_

POSITION APPLYING FOR \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

DATE AVAILABLE \_\_\_/\_\_\_/\_\_\_

DAYS AVAILABLE: PUT A CHECK BY THE DAY(S):

MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THURS \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

# OF HOURS PER WEEK: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? CIRCLE ONE: WALK-BY FRIEND SHOP HERE  
EMPLOYEE ARTICLE SCHOOL  
OTHER \_\_\_\_\_

**EMPLOYEE EXPERIENCE  
(START WITH MOST RECENT EMPLOYER)**

EMPLOYER \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # (     ) \_\_\_\_\_ - \_\_\_\_\_

JOB TITLE \_\_\_\_\_ RATE OF PAY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

WORK PERFORMED \_\_\_\_\_

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

\_\_\_\_\_

EMPLOYER \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # (     ) \_\_\_\_\_ - \_\_\_\_\_

JOB TITLE \_\_\_\_\_ RATE OF PAY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

WORK PERFORMED \_\_\_\_\_

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

\_\_\_\_\_

EMPLOYER \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # (     ) \_\_\_\_\_ - \_\_\_\_\_

JOB TITLE \_\_\_\_\_ RATE OF PAY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

WORK PERFORMED \_\_\_\_\_

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

\_\_\_\_\_

**REFERENCES (PLEASE LIST 3)**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE # (     ) \_\_\_\_\_ - \_\_\_\_\_ LENGTH OF TIME KNOWN \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE # (     ) \_\_\_\_\_ - \_\_\_\_\_ LENGTH OF TIME KNOWN \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE # (     ) \_\_\_\_\_ - \_\_\_\_\_ LENGTH OF TIME KNOWN \_\_\_\_\_