

Email: _____

Applicants will receive consideration without regard to race, color, sex, region, age, national origin, handicap or marital status.

Last Name	First	Middle	Date
Street Address			Home Phone ()
City, state, Zip			DOB

HOURS AVAILABLE PER WEEK

		MON	TUE	WED	THU	FRI	SAT
TOTAL _____	HOURS AVAILABLE	FROM					
		TO					

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE YES / NO
COLLEGE				
HIGH				
ELEMENTARY				
OTHER				
OTHER				

REFERENCES

Name	Phone No.	Years known
Name	Phone No.	Years known
Name	Phone No.	Years known

EMPLOYMENT HISTORY

Company Name	Phone Number
Address	Employed (State month & Year) From To
Name of Supervisor	Weekly Pay
	Reason for Leaving
Company Name	Phone Number
Address	Employed (State month & Year) From To
Name of Supervisor	Weekly Pay
	Reason for Leaving
Company Name	Phone Number
Address	Employed (State month & Year) From To
Name of Supervisor	Weekly Pay
	Reason for Leaving

CONTACT INFORMATION

We may contact the employers listed above unless you indicate those you do not want us to contact.	Employer Name _____
	Reason _____

SIGNATURE

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

I understand it is unlawful to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal and/or civil liabilities.

I acknowledge that Employment may be conditional upon successful completion of Substance Abuse screening test as part of the Company's pre-employment policy.

Date Printed Name Signature