

Shift Availability:

Are you available to work day shift? _____ Night shift? _____ Weekends? _____ Holidays? _____ FT? _____

Please list availability below: **(Note: you will be required to notify your supervisor in writing for availability changes, if hired)**

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Education:

	Name of School	City/State	# Years Attended	Did you graduate?	Degree Earned
High School/GED					
College					
Graduate School					
Trade, Business or Correspondence School					

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? _____ If yes, please explain and list: (Do not list any organization which may reflect your race, color, religion, age, sex, disabilities, sexual orientation, marital status).

Have you completed any special courses, seminars and/ or training that would enable you to perform the position for which you are applying? _____ If yes please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college: (omit information which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

Previous Employment: LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH MOST RECENT

Name of Employer:		Telephone Number: ()	
Address: (P.O Box/Street, City, State & Zip Code)		Supervisor Name & Title:	
Dates Employed: Month/Year	Position:	Rate of Pay	
From :		Beginning:	
To:		Final:	
Describe the Work Performed:			

Name of Employer:		Telephone Number: ()
Address: (P.O Box/Street, City, State & Zip Code)		Supervisor Name & Title:
Dates Employed: Month/Year From : To:	Position:	Rate of Pay Beginning: Final:
Describe the Work Performed:		

Name of Employer:		Telephone Number: ()
Address: (P.O Box/Street, City, State & Zip Code)		Supervisor Name & Title:
Dates Employed: Month/Year From : To:	Position:	Rate of Pay Beginning: Final:
Describe the Work Performed:		

References: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST A YEAR.

Name	Address	Phone Number	Occupation	Yrs Known

Emergency Contact: Please provide contact information for us to contact in case of an emergency.

Name	Address	Phone Number	Relationship

By signing below, you certify the facts contained in this application are true and complete to the best of your knowledge. It is also understood, if employed, falsified statements on this application should be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired, my employment is for no definite period of time. My employment may be terminated at any time without prior notice and without cause.

Date: _____ Signature: _____