



# APPLICATION FOR EMPLOYMENT

## Personal

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you legally eligible for employment in the US?  Yes  No

When will you be available to begin work? \_\_\_\_\_ Will you work overtime if asked?  Yes  No

Do you hold a valid driver's license?  Yes  No Have you ever been convicted of a felony?  Yes  No

If selected for employment are you willing to submit to a pre-employment drug screening test?  Yes  No

## Education

	School Name	Location	Years Completed	Degree Received	Major
Coll.					
High					
Other					

## Qualifications (May include but are not limited to)

Qualification Title	Institution/Training provider	Year Completed

## Other Information

Please provide any other information that you identify as being pertinent to this application. (e.g. medical conditions, disabilities, etc) \_\_\_\_\_

\_\_\_\_\_

## Previous & Current Employment

Employer: \_\_\_\_\_ Dates Employed: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

Work Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**1** Supervisors Name and Title: \_\_\_\_\_

Job Title and Duties Performed: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

Work Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**2** Supervisors Name and Title: \_\_\_\_\_

Job Title and Duties Performed: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

May we contact the employers listed above?  Yes  No

## Summer Schedule (Days you must have off for sports vacation etc...)


## References (Must provide at least one teacher)

Name	Title	Company	Phone

## Acknowledgement & Authorization

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_