|  |  |
| --- | --- |
| **Employment Application** | Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.Equal Opportunity Employer. |
|  |
| **Personal Information** |
| Name |  | Date of Birth |  |  |
|  |  |
| Address |  | City | State | Zip |
|  |  |  |  |
| Phone Number | Mobile Number | Email Address |  |  |
|  |  |  |
| Are you A U.S. Citizen? |  | Have you ever been convicted of a Felony? |
| Yes [ ]  | No [ ]  | Yes [ ]  | No [ ]  | If yes, please explain on the back of this sheet. |
| If selected for employment, are you willing to take a pre-employment drug screening test? |
| Yes [ ]  | No [ ]  |  |  |  |
| If selected for employment, are you willing to submit a non-certified copy of your driving record ($9 at MVA)? |
| Yes [ ]  | No [ ]  |  |  |  |
| **Position** |
| Position You Are Applying For | Available Start Date |  | Desired Pay |
|  |  |  |
| Employment Desired |  |  |  |  |
|  |  | [ ] Full Time |  | [ ] Part Time |  | [ ] Seasonal/Temporary |  |
|  |
| **Education** |
| School Name | Location | Years Attended | Degree Received | Major |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **[** |
| **References** |
| Name | Title | Company | Phone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Employment History – Please list your last 4**  |
| **Employer (1)** |  | Job Title |  | Dates Employed |
|  |  |  |
| Work Phone | May we contact them? | Starting Pay Rate |  | Ending Pay Rate |
|  |  |  |  |
| Address |  | City | State | Zip |
|  |  |  |  |
| **Employer (2)** |  | Job Title |  | Dates Employed |
|  |  |  |
| Work Phone | May we contact them? | Starting Pay Rate |  | Ending Pay Rate |
|  |  |  |  |
| Address |  | City | State | Zip |
|  |  |  |  |
| **Employer (3)** |  | Job Title | Dates Employed |
|  |  |  |
| Work Phone | May we contact them? | Starting Pay Rate |  | Ending Pay Rate |
|  |  |  |  |
| Address |  | City | State | Zip |
|  |  |  |  |
| **Employer (4)** |  | Job Title |  | Dates Employed |
|  |  |  |
| Work Phone | May we contact them? | Starting Pay Rate |  | Ending Pay Rate |
|  |  |  |  |
| Address |  | City | State | Zip |
|  |  |  |  |
|  |
| **Signature Disclaimer** |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |
| Name (Please Print) |  | Signature |
|  |  |
| Date |  |
|  |