



Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

Discrimination in employment because of race, creed, color, national origin, ancestry, age, sex, physical or mental handicaps, or liability for service in the armed forces of the U.S., is prohibited by federal legislation and/or by laws against discrimination in some states.

Personal	LAST NAME		FIRST NAME		M.I.	PHONE ()	
	STREET ADDRESS			CITY		STATE	ZIP CODE
	SOCIAL SECURITY NUMBER		NAME OF EMERGENCY CONTACT			EMERGENCY PHONE ()	
	KNOWN PHYSICAL LIMITATIONS THAT COULD AFFECT YOUR ABILITY TO PERFORM THE POSITION YOU ARE APPLYING FOR.						
	IS YOUR CITIZENSHIP OR IMMIGRATION STATUS SUCH THAT YOU CAN LAWFULLY WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO IF HIRED, CONTINUED EMPLOYMENT MAY BE DEPENDENT UPON PROOF OF CITIZENSHIP OR PRESENTATION OF AN ALIEN REGISTRATION NUMBER (I-9)						
	ARE YOU 18 OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF UNDER 18, PROOF OF AGE MUST BE PROVIDED PRIOR TO HIRING.					SALARY DESIRED	

	NAME OF SCHOOL AND ADDRESS	GRADUATED		YEARS	MAJOR	AVERAGE
		YES	NO			
	HIGH SCHOOL					
	COLLEGE					
	OTHER					
	OTHER					
EXTRACURRICULAR ACTIVITIES (For Which School?)				CURRENTLY ENROLLED IN HIGH SCHOOL/WORK/STUDY PROGRAM YES <input type="checkbox"/> NO <input type="checkbox"/>		

General	DATE AVAILABLE TO START	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
	FROM								
	TO								
	WHAT ARE YOUR HOBBIES, SPECIAL INTERESTS AND ACTIVITIES? (DO NOT INCLUDE THOSE INDICATING RACE, CREED, NATIONALITY OR RELIGION)								
	WHAT INTERESTED YOU IN DONUT BAR:								



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Former Employers	LIST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST			
	DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
	FROM			
	TO			
	FROM			
	TO			
	FROM			
	TO			
	WHICH OF THESE JOBS DID YOU LIKE BEST?			
	WHAT DID YOU LIKE MOST ABOUT THIS JOB?			

References	GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR			
	NAME	ADDRESS	BUSINESS	YEARS AQUAINTED
	1.			
	2.			
	3.			

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, **IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.**

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE: _____ Signature: _____

Applicant - DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

HIRED: YES NO POSITION: _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____
