



PLEASE PRINT CLEARLY
Job Application

APPLICANT INFORMATION				
Last Name:	First:	M.I.:	Date:	
Street Address:		Apartment/Unit #		
City:	State:	ZIP:		
Cell Phone:	Alternate Phone:			
Email:	Date Available:			
Position Applied for:				
If hired, can you provide verification of your right to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Proof of identity and eligibility will be required upon employment	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Do you have any relatives or friends who work for the Company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?	
Do you have reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you over the age of 18 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Can you perform the essential functions of the position for which you are applying?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, please explain:	
NOTE: if you have questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.				
Is there anything in your background (in the last 7 years) which could preclude you from working on US military bases and/or school property?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
NOTE: A felony and/or misdemeanor conviction may or may not conflict with some contractual obligations				
Veteran of the U.S. Military Service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, branch?	

DAYS AND HOURS AVAILABLE (If employed, I understand that I am required to work the schedule mandated by the company.)							
DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

EDUCATION				
	Name and Location of School	Course of Study	Number of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

JOB SPECIFIC SKILLS
List skills or training you have received that relate to the job you are applying for.

PROFESSIONAL EXPERIENCE (Start with your present or most recent position. Use an additional sheet of paper if more space is needed).				
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Employer:		Telephone:		
Full Address:		Supervisor:		
Dates Employed	From:	To:		Reason for Leaving:
Title:		Reason for Leaving:		
Describe the work performed:				
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Employer:		Telephone Number:		
Full Address:		Supervisor:		
Dates Employed	From:	To:		Reason for Leaving:
Title:		Reason for Leaving:		
Describe the work performed:				
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Employer:		Telephone Number:		
Full Address:		Supervisor:		
Dates Employed	From:	To:		Reason for Leaving:
Title:		Reason for Leaving:		
Describe the work performed:				
PERSONAL REFERENCES (Give at least two references – <u>not</u> relatives - with whom you have known for more than three years).				
Name		Address	Telephone	Occupation
Name		Address	Telephone	Occupation
<i>It is the policy of the Company to provide equal employment opportunity to all Team Members and applicants for employment and not to engage in discrimination against or harassment of any persons employed or seeking employment on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, physical or mental disability, medical condition (e.g., cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994) as well as state military and naval service. All Team Members, regardless of the classification or position, are considered employed "at-will." This means employment may be terminated at the will of the Team Member and/or the Company at any time; with or without cause and/or with or without notice. No officer, agent, representative, or Team Member has any authority to enter into any Agreement with any Team Member or applicant for employment on other than on an at-will basis. IMPORTANT, PLEASE READ AND SIGN: I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice. I also understand that I may be asked to take a pre-employment drug and background screening and that those results may determine whether or not I am able to begin or continue working with this company.</i>				
Signed: _____		Date: _____		
RESULTS: (FOR OFFICE USE ONLY) Hired? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Job Title and Department:				
Date Beginning Employment		Compensation: \$ _____ per _____		
_____/_____/_____		_____		
Interviewed By:		Date: ____/____/_____		