



Please fill out this application using Adobe Reader, or print and fill out in pen and submit your completed application via email or in person.

Today's Date: _____
 (This application will be active for a year)

READ CAREFULLY BEFORE BEGINNING

Please answer each of the following questions to the best of your abilities. If you are not completely truthful, we will have no way of evaluating your qualifications and comparing them to our employment standards. Any intentional falsification or misrepresentation of information may be grounds for denial of employment or termination of subsequent employment. If there are any questions you do not wish to answer, simply write "REFUSE" by the question. We reserve the right to run a criminal background check or a drug test and/or driver's history test. By completing this application, you give us permission to run a check if you are offered a job. M/F/EEO/V/D

Last Name	First Name	Middle Initial	Email
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Street Address	City/State	Zip Code	Phone Number	Best time to contact
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If hired, can you provide evidence of legal eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.
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Position Desired:	Wage/Salary Desired:	Full Time? Part Time/Seasonal?
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Date of Birth	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.
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Name of high school attended:	City/State	Graduate?	GED?
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Name of college or technical school:	City/State	Degree?	Major:
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Are you presently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name & address of school and expected degree date:
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List any job-related skills or accomplishments, including fluency in Spanish:

- YOUR AVAILABILITY FOR WORK -

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Total hours per week you are available to work:	When can you start work?
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- REFERENCES -

- Provide Three References Who Are Not Former Employers Who We May Contact -

Name and Occupation	How do you know them, and for how long?	Phone Number

- YOUR EMPLOYMENT HISTORY -

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Employer:	Job Title:	Dates of Employment: From: To:
Address:	City, State, Zip Code	Duties:
Supervisor:	Telephone:	Reason for Leaving:

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