

Company	Street Address	City, State & Zip Code	Phone
Position	Start Date (Mo., Yr.)	End Date (Mo., Yr.)	
Hours Worked Per Week	Reason for Leaving		
Supervisor	May we Contact this employer now? Yes No (please circle one)	Beginning Wage	Ending Wage
Please describe your duties:			

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Criminal History (Please list any and all Felony convictions)

Have you ever been convicted of a Felony?	<input type="checkbox"/> NO	<input type="checkbox"/> YES (Explain below)
Conviction Date:	Offense:	Sentence:
Status/Other:		

Personal References (Please list two persons, not related to you, whom you have known for at least one year).

Name	Address & Phone	Profession	Years Known

Availability (Using the chart below, please indicate which times you are not available to work by shading the appropriate box).

Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Lunch							
Dinner							

Authorization (Please read the disclaimer below. If you agree with the terms, please sign and date where indicated).

I authorize the investigation of any and all statements contained in this application. I understand that misrepresentation or omission of facts called for is just cause for immediate dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the payment date of my wages, be terminated at any time without any previous notice.

Applicant's Signature: _____

Date: _____