



APPLICATION FOR EMPLOYMENT
AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
Please type or print, and answer all questions.

PERSONAL INFORMATION

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone Number: Day: _____ Night: _____

Email Address: _____

Are you 18 years or older: Yes _____ No _____ If No, employment is subject to verification of age.

Are you legally authorized to work in the United States? Yes _____ No _____

Will you now or in the future require sponsorship to work in the United States? Yes _____ No _____

Where did you hear about us?

Bell

Sign Outside Employee: _____ Online: _____ Other: _____

EMPLOYMENT INFORMATION

Position: _____ Date you can start: _____

Have you ever applied to this company before? _____ When? _____

Have you ever worked for us before? _____ When? _____

Does your present employer know of your plans to change employment? Yes _____ No _____

Why do you desire to make a change? _____

What salary do you expect to receive? _____

Do you have reliable transportation to work? Yes _____ No _____

AVAILABILITY FOR WORK

Circle the shifts that you are available to work:

1st	7am - 3pm	Monday - Friday	Sunday - Thursday	Tuesday-Saturday
2nd	3pm - 11pm	Monday - Friday	Sunday - Thursday	Tuesday-Saturday
3rd	11pm - 7am	Sunday - Thursday	Monday - Friday	Saturday-Wednesday
Office	8am - 5pm	Monday - Friday		

WORK EXPERIENCE/FORMER EMPLOYERS

Provide complete information. Be specific. Start with your current or most recent job. ("See Resume" is not adequate. Must complete application in its entirety.) Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary.

Are you employed now? Yes ☐ No ☐ If so, may we inquire of your present employer? Yes ☐ No ☐

Employer:	_____	From:	_____	To:	_____
Address: _____					
Supervisor's Name and Title: _____					
Was the position: Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Starting Pay Rate: \$ _____ Ending Pay Rate: \$ _____					
Your Job Title: _____ Telephone Number: _____					
Primary Responsibilities: _____					

Reason for leaving: _____					

Employer:	_____	From:	_____	To:	_____
Address: _____					
Supervisor's Name and Title: _____					
Was the position: Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Starting Pay Rate: \$ _____ Ending Pay Rate: \$ _____					
Your Job Title: _____ Telephone Number: _____					
Primary Responsibilities: _____					

Reason for leaving: _____					

Employer:	_____	From:	_____	To:	_____
Address: _____					
Supervisor's Name and Title: _____					
Was the position: Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Starting Pay Rate: \$ _____ Ending Pay Rate: \$ _____					
Your Job Title: _____ Telephone Number: _____					
Primary Responsibilities: _____					

Reason for leaving: _____					

Employer:	_____	From:	_____	To:	_____
Address: _____					
Supervisor's Name and Title: _____					
Was the position: Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Starting Pay Rate: \$ _____ Ending Pay Rate: \$ _____					
Your Job Title: _____ Telephone Number: _____					
Primary Responsibilities: _____					

Reason for leaving: _____					

REFERENCES (BUSINESS & PROFESSIONAL, NOT PERSONAL)

NAME	TELEPHONE NUMBER	BUSINESS	RELATIONSHIP	YEARS ACQUAINTED

EDUCATION AND TRAINING

(This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration.)

EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				
GRADUATE SCHOOL				

Describe any other training you consider relevant to the position for which you are applying: _____

MILITARY INFORMATION

Are you now or have you ever served in the U.S. Armed Forces? Yes No Current

If yes, what branch? _____

Dates of duty: From _____ To: _____
 MONTH DAY YEAR MONTH DAY YEAR

Rank at discharge _____

List duties in the service including special training _____

Your application will not be processed unless you have read and signed the Authorization, Release and Certification on page 4.

AUTHORIZATION, RELEASE, AND CERTIFICATION

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand this application will be considered inactive after six months.

I certify I have read (or have had read to me) and understand this authorization, release, and certification.

Dated: _____

Applicant's Signature: _____

Applicant Name (Please Print): _____