

APPLICATION FOR EMPLOYMENT

Please print in ink.

Name _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

When can you start? _____

EDUCATION

School attending _____ Current grade _____ GPA _____

What extracurricular activities have you participated in? _____

Give an example you can apply to your work that you learned as a result of participating in extracurricular activities.

Do you have any responsibilities that conflict with your attendance requirements?

What does customer service mean to you?

Employment History - List Latest Employer First

| FROM | TO | EMPLOYER | POSITION | SALARY | REASON FOR LEAVING |
|------|----|----------|----------|--------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |

SKILLS

List any other technical skills relevant to this position _____

IN CASE OF EMERGENCY NOTIFY

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

IMPORTANT! PLEASE READ!

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize _____ to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquires in connection with this application for employment.

I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of _____ serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits included paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice.

I have carefully read this information and by signing this form accept the above information. _____ is an E.O.E. employer.

SIGNATURE _____ DATE _____

OFFICE USE

Interviewed By _____ Date _____

Date Hired _____ Rate _____ Position _____

Training Period _____ Approved By _____

Remarks _____
