

TODAY'S DATE



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Name: _____ Phone: _____
 LAST FIRST

Email: _____ Nickname: _____

Address: _____
 STREET CITY STATE ZIP

POSITION

CUSTOMER SERVICE
 AFTER SCHOOL CARE
 SUMMER DAY CAMP

QUESTIONNAIRE

I CAN LEGALLY WORK IN THIS COUNTRY
 I AM 18 YEARS OF AGE OR OLDER
I CAN START WORKING ON THIS DATE:

PREVIOUS EMPLOYMENT IF APPLICABLE

| | | | |
|------------------------------|------------------------------|------------------------------|----------------|
| _____ EMPLOYER | _____ CITY | _____ STATE | _____ PHONE |
| _____ ENDING JOB TITLE | _____ REASON FOR LEAVING | | |
| _____ ENDING COMPENSATION | _____ DATES OF EMPLOYMENT | _____ MAY WE CONTACT THEM | |

| | | | |
|------------------------------|------------------------------|------------------------------|----------------|
| _____ EMPLOYER | _____ CITY | _____ STATE | _____ PHONE |
| _____ ENDING JOB TITLE | _____ REASON FOR LEAVING | | |
| _____ ENDING COMPENSATION | _____ DATES OF EMPLOYMENT | _____ MAY WE CONTACT THEM | |

| | | | |
|------------------------------|------------------------------|------------------------------|----------------|
| _____ EMPLOYER | _____ CITY | _____ STATE | _____ PHONE |
| _____ ENDING JOB TITLE | _____ REASON FOR LEAVING | | |
| _____ ENDING COMPENSATION | _____ DATES OF EMPLOYMENT | _____ MAY WE CONTACT THEM | |

EDUCATIONAL BACKGROUND IF APPLICABLE

SCHOOL

DIPLOMA

MAJOR

MINOR

SCHOOL

DIPLOMA

MAJOR

MINOR

REFERENCES PLEASE DO NOT LIST FAMILY MEMBERS

NAME

TITLE

RELATIONSHIP

PHONE

NAME

TITLE

RELATIONSHIP

PHONE

CONSENT & RELEASE

I certify that all information is true, complete and correct. I authorize, without reservation, that you can contact and obtain information from all references (both personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, it's agents, employees or representatives, for seeking, gather and using such information in the employment process.

I understand that the employer do not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

I understand that my application is valid for 30 days, should I want to be considered for future employment it will be necessary to reapply and fill out a new application.

If I am hired, I understand that all employment is at will and can free to resign at any time, with or without cause and the employer reserves the same right to terminate employment at any time, with or without cause. This application doesn't constitute an agreement or contract for employment under any circumstances.

I understand if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to fill complete an I-9.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

SIGNATURE: _____ DATE ____/____/____