

APPLICATION EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER



PERSONAL

Name		Social _____	
Present Address		City	State Zip
Permanent Address		City	State Zip
Phone #	Second #	Referred By:	

EMPLOYMENT

Position		Date You Can Start	Salary Desired
Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	May We Inquire Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever Applied To Marquart's Landing Before <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Do You Have Reliable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are You Over The Age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION

	Name & Location of School	Years Attended	Graduate?	Subjects Studied
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

AVAILABILITY

What Days/Nights Are You Available To Work?					
MONDAY	AM _____	to	PM _____	Do You Have Reliable Transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
TUESDAY	AM _____	to	PM _____	Are You Able To Perform The Specific Duties of This Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WEDNESDAY	AM _____	to	PM _____	Are You Able To Work With Our Required Schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
THURSDAY	AM _____	to	PM _____	Do You Use Illegal Drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
FRIDAY	AM _____	to	PM _____		
SATURDAY	AM _____	to	PM _____		
SUNDAY	AM _____	to	PM _____		

What Do You Have To Offer Our Company?

OVER →

FORMER EMPLOYERS

Month/Year	Name, City & Phone # of Employer	Salary	Position	Reason for Leaving	✓ Check if Contacted
From					
To					
From					
To					
From					
To					
From					
To					

REFERENCES

Name	Phone #	Business	Years Known

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers, listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date _____

Signature _____

OFFICE USE ONLY

Handbook Given: _____

CN: _____

Hire Date: _____

A: _____

Start Date: _____

P: _____

Hired By: _____

Tax Papers Given: _____