

APPLICATION FOR EMPLOYMENT 2025



We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Phone No. _____ **Email:** _____

Referenced By _____ Are you 18 years of age or older? Yes No
(If no we will need to verify if you meet the minimum age requirement for employment in this state.)
 Do you have the legal right to work in the US Yes No

EMPLOYMENT DESIRED

Position _____ **Date you can start:** _____ **Salary Desired:** _____

Are you employed now: Yes No If so may we contact your present employer? Yes No

Ever applied to this Company before? Yes No Where? _____ When? _____

EDUCATION

	Name and Location of School	Number of years Completed	Did you Graduate?	Subjects Studied and Degree(s) received
GRAMMAR SCHOOL			Yes _____	
			No _____	
HIGH SCHOOL			Yes _____	
			No _____	
COLLEGE			Yes _____	
			No _____	
Trade, Business Or Correspondence School			Yes _____	
			No _____	

GENERAL

Labor/nursery Only: Are you physically capable of lifting 60 to 80 pounds, repetitively on a 9-hour basis? _____

Job related skills (typing, driver's license, CDL license, machinery operator, etc) _____

FORMER EMPLOYERS List below your last four employers, starting with the last one first

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for leaving
From To				
From To				
From To				
From To				

PROFESSIONAL REFERENCES List below three professional references not related to you whom you have known at least one year

Name	Phone Number	Position/Company	Years Acquainted
1			
2			
3			

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment may be seasonal and not full time.

All job offers are contingent upon successfully passing a pre-employment drug screening. By submitting this application, you acknowledge and agree to undergo a pre-employment drug test if offered a position.

Date _____ Signature _____

In case of
Emergency Notify _____

Address _____ Phone number _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Interviewed by _____ Date _____

REMARKS _____

INS Form I-9 completed Yes _____ No _____

Hired _____ For Dept. _____ Position _____ Will Report _____ Wages/Salary _____

Approved: 1. _____ 2. _____ 3. _____

Employment Manager

Dept. Head

General Manager