

Employee Info

Name: _____ S.S.N.: - -

LAST FIRST M.I.

Current Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone #: _____

Are you over 18 years of age? ☐ Yes ☐ No If No, how old? _____ Sex: ☐ Male ☐ Female

Email Address: _____

Position(s) Applying For: _____

What days are you available to work? _____

What times are you available to work till? _____

Salary Desired? _____

Are you a US citizen or approved to work in the United States? ☐ Yes ☐ NoHave you ever been convicted of a crime in the last seven (7) years? ☐ Yes ☐ No

If yes, please state the nature of the crime(s): _____

Previous Employment

Position: _____ Date started: _____ Starting salary: _____

Job responsibilities: _____

Position: _____ Date started: _____ Starting salary: _____

Job responsibilities: _____

Previous Relevant Training

Date of Training Location Describe training received

_____**Additional Information****Authorization**

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

Employee Signature: _____ Date: _____