

APPLICATION FOR EMPLOYMENT

FAT TUESDAY

LOCATION: _____

DATE: _____ 20 _____

POSITION

DESIRED: _____

**This application is active for 30 days only.
An Equal Opportunity Employer.**

| | | | |
|--|-----------------|--|-------------------------|
| (FIRST NAME) | (M/I) | (LAST NAME) | () - (PHONE NUMBER) |
| (STREET ADDRESS) | (EMAIL ADDRESS) | | |
| (CITY) | (STATE) | (ZIP CODE) | (PLACE OF THE BIRTH) |
| ARE YOU AT LEAST 18 YEARS OF AGE? (Y/N) _____ | | ARE YOU 21 OR OLDER? (Y/N) _____ | |
| YEARS AT PRESENT ADDRESS: _____ | | IF LESS THAN 3 YEARS GIVE PREVIOUS ADDRESS: | |
| (ADDRESS) | (CITY) | (STATE) | (ZIP) |

FORMAL EDUCATION

| | | | | |
|---------------|-----------|--------|------|----------|
| (INSTITUTION) | / / - / / | (FROM) | (TO) | (DEGREE) |
| (INSTITUTION) | / / - / / | (FROM) | (TO) | (DEGREE) |
| (INSTITUTION) | / / - / / | (FROM) | (TO) | (DEGREE) |

WORK EXPERIENCE

| | | | | | |
|-----------|--------------|--------|----------------|----------------------|------------|
| 1. | / / - / / | (FROM) | (TO) | (COMPANY) | (POSITION) |
| | (SUPERVISOR) | () - | (PHONE NUMBER) | (REASON FOR LEAVING) | |
| 2. | / / - / / | (FROM) | (TO) | (COMPANY) | (POSITION) |
| | (SUPERVISOR) | () - | (PHONE NUMBER) | (REASON FOR LEAVING) | |
| 3. | / / - / / | (FROM) | (TO) | (COMPANY) | (POSITION) |
| | (SUPERVISOR) | () - | (PHONE NUMBER) | (REASON FOR LEAVING) | |

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE (CONTINUED)

MAY WE CALL TO VERIFY EMPLOYMENT? _____ IF NOT, WHICH EMPLOYER(S) AND WHY? _____

LIST ANY EXPERIENCE OR SPECIAL TRAINING RELATED TO THE JOB APPLIED FOR: _____

RESPONSIBLE VENDOR PERMIT # _____ STATE _____ EXPIRES: _____

PERSONAL REFERENCES

DO YOU KNOW ANYONE WHO WORKS OR HAS EVER WORKED FOR THIS COMPANY? _____

IF YES, PLEASE GIVE NAMES: _____

LIST THREE PERSONS, NOT RELATIVES, THAT YOU HAVE KNOWN FOR AT LEAST THREE YEARS:

1. _____ (NAME) _____ (ADDRESS) (____)____ - _____ (PHONE NUMBER) _____ (OCCUPATION)
2. _____ (NAME) _____ (ADDRESS) (____)____ - _____ (PHONE NUMBER) _____ (OCCUPATION)
3. _____ (NAME) _____ (ADDRESS) (____)____ - _____ (PHONE NUMBER) _____ (OCCUPATION)

OTHER INFORMATION

OTHER THAN TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN CONVICTED FOR A CRIME? _____

IF YES, EXPLAIN: _____

WOULD YOU BE WILLING AND ABLE TO PERFORM ALL TASKS REQUIRED BY THE JOB FOR WHICH YOU ARE APPLYING? _____ IF NO, EXPLAIN: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

_____ (NAME) _____ (ADDRESS) (____)____ - _____ (PHONE NUMBER) _____ (RELATION)

STATEMENT OF CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE. I FURTHER AUTHORIZE VERIFICATION AND CONSENT TO EMPLOYERS, EDUCATIONAL INSTITUTIONS, CREDIT REPORTING AGENCIES AND GOVERNMENTAL AGENCIES PROVIDING INFORMATION TO YOU. I UNDERSTAND THAT ALL EMPLOYEES ARE EMPLOYED AT-WILL. EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME AT THE OPTION OF EITHER THE COMPANY OR MYSELF. IF EMPLOYED AND ANY INFORMATION IS FOUND TO BE FALSE, I AGREE THAT I MAY BE SUBJECT TO DISMISSAL WITHOUT NOTICE.

(SIGNATURE OF APPLICANT)

(DATE)