



APPLICATION FOR EMPLOYMENT

DATE: _____

We are an equal opportunity employer. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, age, sex, veteran status, disability, or any other class of individuals protected by law.

PERSONAL

Social Security Number	Last Name	First Name	Middle Name
Current Mailing Address	Street	City	State Zip
Permanent Address (if different from above)	Street	City	State Zip
Phone Number	Cell Phone Number (if applicable)	Date of Birth:	
Are you Legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			

POSITION APPLYING FOR

Hrs. Available	M	T	W	Th	F	S	Su	Are You Interested In: <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal Have you ever worked in a fast food franchise before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for whom? _____ From ___/___/___ to ___/___/___
From								
To								
Date Available:	Salary Acceptable Per Hour:		TOTAL HOURS Available Per Week					
Who Referred You To This Job?								Phone Number
Have you ever been convicted for a crime other than a major traffic violation? (This information will be considered in hiring or job placement but will not automatically disqualify you for employment) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:								

EDUCATION

Highest Grade Completed 7 8 9 10 11 12	Post Secondary 1 2 3 4	School	Grade Point Average
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ACTIVITIES

Class Organizations, Scholastic Honors, and other school activities (At your option, you may exclude organizations which indicate race, age, sex, creed, color, national origin, religion, or other protected class.)
Hobbies and Recreational Interests

EMPLOYMENT RECORD

Name & Address of Present Employer			Employment Dates From ___/___/___ to ___/___/___		
Supervisor's Name	Title	Phone	Position	Starting Salary	Final Salary
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, at a Later Date <input type="checkbox"/> No, do not contact		
Name & Address of Most Recent Employer (if other than present, if applicable)			Employment Dates From ___/___/___ to ___/___/___		
Supervisor's Name	Title	Phone	Position	Starting Salary	Final Salary
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, at a Later Date <input type="checkbox"/> No, do not contact		
OFFICE USE ONLY: INTERVIEW DATE AND TIME: ___/___/___ :___:___ DATE HIRED: ___/___/___					