



**This is a smoke free facility, building, and grounds. Employees are required to work every other weekend and 12 hour shifts. We are open every day of the week. There is a 90 day probation period.**

## **Job Application Form**

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

### **PERSONAL INFORMATION:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Are you eligible to work in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you are under age 18, do you have an employment/age certificates?

Yes \_\_\_ No \_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

### **POSITION/AVAILABILITY:**

Position Applied For \_\_\_\_\_

Days/Hours Available:

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday \_\_\_

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

**EDUCATION:**

Name and Address Of School - Degree/Diploma - Graduation Date

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Skills and Qualifications: Licenses, Skills, Training, Awards \_\_\_\_\_

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**EMPLOYMENT HISTORY:**

Present Or Last Position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Previous Position:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May We Contact Your Present Employer?** Yes \_\_\_\_\_ No \_\_\_\_\_

**References:**

Name/Title Address Phone

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I certify that information contained in this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_