

Employment Application

AN EQUAL OPPORTUNITY EMPLOYER

Sell It Here
3805 Fortune Drive
Lafayette, IN 47905

Date: _____

While resumes may be submitted, we require that this application be fully completed before we may consider you for employment with our company. Thank-you.

PERSONAL INFORMATION

Name: _____ Social Security Number: _____
LAST FIRST MIDDLE INITIAL

Address: _____
STREET ADDRESS CITY STATE ZIP

Phone: () _____ Alt. Phone: _____ Are you 18 years or older? _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? _____

EMPLOYMENT DESIRED

FULL-TIME PART-TIME SUMMER TEMPORARY

POSITION _____ SALARY DESIRED _____ DATE YOU CAN START _____

ARE YOU CURRENTLY EMPLOYED? _____ IF SO, MAY WE CALL THEM? _____

HAVE YOU APPLIED HERE BEFORE? _____ IF SO, WHEN? _____

REFERRED BY: _____ Have you ever been charged with a crime? _____

EDUCATION

	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIES
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENC				

GENERAL

SPECIAL AREAS OF INTEREST OR STUDY: _____

SPECIAL SKILLS: _____

ACTIVITIES (CIVIC, ATHLETIC, ETC.): _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INCLUDES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OR ITS MEMBERS.

U.S. MILITARY

SERVICE OR NAVAL

RANK:

PRESENT MEMBERSHIP IN

NATIONAL GUARD OR

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS /PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF EMERGENCY

NOTIFY: _____
NAME ADDRESS PHONE

CONTINUED ON THE BACK OF THIS PAGE -- PLEASE FILL OUT COMPLETELY

EMPLOYMENT HISTORY

NAME, ADDRESS, & PHONE # OF MOST RECENT EMPLOYER	SUPERVISOR	DATES	PAY RATE
		FROM:	START:
		TO:	FINAL:
LAST JOB TITLE:		NORMAL HOURS/WEEK:	
REASON FOR LEAVING (BE SPECIFIC)			
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY.			

NAME, ADDRESS, & PHONE # OF NEXT MOST RECENT EMPLOYER	SUPERVISOR	DATES	PAY RATE
		FROM:	START:
		TO:	FINAL:
LAST JOB TITLE:		NORMAL HOURS/WEEK:	
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HOURS YOU ARE AVAILABLE TO WORK

	MON	TUES	WED	THURS	FRI	SAT	SUN	
FROM:								IF YOU HAVE COMPLETELY OPEN AVAILABILITY, CHECK HERE <input type="checkbox"/> HOW MANY HOURS WOULD YOU LIKE TO WORK PER WEEK? _____
TO:								
DO YOU HAVE A VALID DRIVER'S LICENSE? _____ <input type="checkbox"/> OPERATOR <input type="checkbox"/> COMMERCIAL (CDL) <input type="checkbox"/> CHAUFFEUR								
IF YOU ARE APPLYING FOR A FURNITURE DELIVERY POSITION, DO YOU HAVE A GOOD DRIVING RECORD? _____								

"I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and, if I am employed, my employment may be terminated at any time. I grant permission to my potential employer to check public records regarding my background. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

DATE:

SIGNATURE: