



Employment Application

Applicant Information

Full Name: _____ Date: _____

Last
First
M.I.

Address: _____

Street Address
Apartment/Unit #

City
State
ZIP Code

Phone: _____ Email _____

Cell Phone: _____ Social Security No.: _____ Date Available : _____

Please check the days and evenings you are available to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:00 am – 1:30pm							
1:30pm – 5:30pm							
5:30pm-9:30pm (10:30 Friday and Saturdays)							

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you currently employed? YES NO Where? Days/hours worked?: _____

Do you understand if hired you would be primarily working evenings and weekends? YES NO

Do you understand this business is under 24 hour surveillance by camera? YES NO Do you have regular, dependable transportation to work? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list at least two references and a reliable contact method. You may put email in place of address.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

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

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Meadows from all liability for any damages that may result from utilization of such information.

This waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and any other relevant federal and state laws.

Signature: _____ Date: _____

Interview Date: _____

Remarks:

Date of Hire: _____

Date of 30 Day Review: _____