



AN EQUAL OPPORTUNITY  
EMPLOYMENT APPLICATION

PERSONAL INFORMATION

<b>NAME</b>	<b>SOCIAL SECURITY #</b>
<b>PRESENT ADDRESS</b>	<b>TELEPHONE #</b>
<b>ARE YOU ELIGIBLE TO WORK IN THE U.S.?</b> CHECK ONE                      YES                      NO	<b>ARE YOU AT LEAST 18 YEARS OF AGE?</b> CHECK ONE                      YES                      NO
IF HIRED, YOU WILL BE REQUIRED TO PROVIDE PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES PRIOR TO BEGINNING EMPLOYMENT (THE IMMIGRATION REFORM AND CONTROL ACT OF 1986)	
<b>HOW WERE YOU REFERRED TO US? PLEASE BE SPECIFIC.</b>	
<b>HAVE YOU EVER BEN CONVICTED OF A CRIME?</b> CIRCLE ONE                      YES                      NO IF YES, PLEASE GIVE THE NATURE OF THE OFFENSE, THE DATE, THE COURT, AND THE SENTENCE IMPOSED. A CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.	
<b>POSITION FOR WHICH YOU ARE APPLYING</b> CHECK ONE                      FULL-TIME                      PART-TIME                      SEASONAL	<b>SALARY REQUIREMENT</b>
<b>DATE AVAILABLE</b>	<b>LOCATION PREFERENCE</b> CHECK ALL THAT APPLY                      VILLAGE POINTE                      MIDTOWN CROSSING

AVAILABILITY

HOURS	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL HOURS AVAILABLE PER WEEK
<b>FROM</b>								
<b>TO</b>								

EDUCATION

EDUCATION	NAME OF SCHOOL	CITY, STATE	DATES ATTENDED	COMPLETED
HIGH SCHOOL				YES      NO
COLLEGE				YES      NO
ADDITIONAL				YES      NO

EMPLOYMENT HISTORY

<b>HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN, OR HAVE YOU EVER RESIGNED BY MUTUAL AGREEMENT FROM ANY POSITION?</b> CHECK ONE      YES                      NO
IF YES, PLEASE EXPLAIN:

ENTER ON LINE (1) NAME OF EMPLOYER (2) STREET ADDRESS (3) CITY/STATE/ZIP (4) TELEPHONE NUMBER				
PRESENT TO LAST EMPLOYER	DATES	SALARY	NATURE OF WORK AND SUPERVISOR'S NAME	REASON FOR LEAVIN
1	FROM MO./YR	AT START		
2				
3	TO MO./YR.	LEAVING		
4				
1	FROM MO./YR	AT START		
2				
3	TO MO./YR.	LEAVING		
4				
1	FROM MO./YR	AT START		
2				
3	TO MO./YR.	LEAVING		
4				

PROFESSIONAL REFERENCES (PLEASE LIST THREE NON-RELATIVES, I.E. PROFESSORS, PREVIOUS EMPLOYERS, ETC.)

NAME	PHONE	JOB TITLE AND/OR NATURE OF ASSOCIATION	NUMBER OF YEARS ACQUAINTED

"I CERTIFY THAT ALL THE 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. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFROM 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 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 EMPLOYEMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE	SIGNATURE
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