

Please list below the hours you are available to work:

MON	TUE	WED	THURS	FRI	SAT	SUN

References:

Give below the Names of Three Persons Not Related to You, Whom You have Known at Least 1 year.

	Name	Address	Business	Years Acquainted
1				
2				
3				

PHYSICAL RECORD	Do you have any physical condition, which may limit your ability to perform the job for which you are being considered?
Yes___ No___ I yes explain: _____ _____ _____	
In case of Emergency Notify: _____ <div style="display: flex; justify-content: space-between;"> Name Address phone </div>	

Have you ever been arrested or convicted of a crime? ___yes ___no if yes explain: _____

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 authorized investigation of all statements contained herein and the references listed above to give you any and any information concerning my previous employment and any pertinent information than may have, personal or otherwise and release all parties from liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Date: _____ Signature: _____

For office only:			
Interviewed by; _____	Hired? _____	Positon: _____	Salary: _____
Responsibilities: _____			
Does applicant need: Medical Insurance: _____ Dental Insurance? _____ 401K _____			