

APPLICATION FOR EMPLOYMENT

Application must be completed in applicant's own handwriting.

NAME:

LOCAL ADDRESS:

LOCAL PHONE:

EMAIL ADDRESS:

SOCIAL SECURITY #:

PERMANENT ADDRESS:

PERMANENT PHONE:

Position applying for:
 Shipping/Receiving Phone Operator
 How many hours per week would you like?
 0-10 10-20 20-30 30-40

Where did you learn about the position opening?

On what date can you begin work?

You must be able to work weekends when there are home football games.

Can you meet this requirement? Yes No

Have you applied here before? Yes No
 If yes, give date:

Are you currently employed now? Yes No
 If yes, may we contact your present employer? Yes No

Are you under the age of 16? Yes No
 If yes, can you furnish a work permit? Yes No

Are you a United States citizen? Yes No
 If not, do you have employment eligibility documents? Yes No

Do you have any medical conditions which might preclude you from any stretching or any lifting or moving of objects? Yes No

Have you ever been convicted of a felony? Yes No

Please fill in the times you are available to work. Your application will be considered only if you can provide a permanent schedule for the employment period. Part-time positions are considered to be temporary, and last for the duration of the Fall academic semester, the Spring academic semester, the holiday season, or the summer. Employees who demonstrate professionalism, enthusiasm, and excellent customer service will be eligible for future employment after the duration.

PLEASE INDICATE FOR WHICH PERIOD YOU ARE APPLYING: SPRING FALL HOLIDAY SUMMER

	MON	TUE	WED	THU	FRI	SAT	SUN
10:00-11:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00-12:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00-1:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00-2:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00-3:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00-4:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00-5:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00-6:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why do you want to work at Johnny T-shirt?

What relevant skills or earlier experience do you have?

Why should we hire you?

Education

Are you a full-time student? Yes No

High School-

Name:

City, State:

Year: Fr So Jr Sr

Activities:

College/University-

Name:

City, State:

Course of Study:

Year: Fr So Jr Sr Gr

Activities:

Employment

Start with your present or last job. Include military status and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap, age or other protected status. Include additional sheets if necessary.

Company Name:

Mailing Address:

Phone Number:

Supervisor's Name:

Supervisor's Position:

Your Position:

Dates of employment (month/year): To

Full Time Part Time Salary/Wage:

Reason for leaving:

Responsibilities:

Company Name:

Mailing Address:

Phone Number:

Supervisor's Name:

Supervisor's Position:

Your Position:

Dates of employment (month/year): To

Full Time Part Time Salary/Wage:

Reason for leaving:

Responsibilities:

Company Name:

Mailing Address:

Phone Number:

Supervisor's Name:

Supervisor's Position:

Your Position:

Dates of employment (month/year): To

Full Time Part Time Salary/Wage:

Reason for leaving:

Responsibilities:

Company Name:

Mailing Address:

Phone Number:

Supervisor's Name:

Supervisor's Position:

Your Position:

Dates of employment (month/year): To

Full Time Part Time Salary/Wage:

Reason for leaving:

Responsibilities:

Please read the following carefully and sign underneath:

As an equal opportunity employer, this company's policy, as well as federal and state law, prohibits employment discrimination based on race, color, religion, gender, national origin, physical handicap, or age with respect to individuals who are at least eighteen years of age. As part of the application for employment, I hereby authorize the company to investigate my references and to make an independent investigation of my character, conduct and employment records. I further agree that failure to reveal a prior employer, or the giving of false or misleading information will be grounds for termination of employment.

Signature: Date:

DISCLOSURE

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

