



APPLICATION FOR EMPLOYMENT

Date _____

PERSONAL INFORMATION

Name _____ Social Security No. _____ - _____ - _____
LAST FIRST MIDDLE

Present Address _____
STREET CITY STATE ZIPCODE

Permanent Address _____
STREET CITY STATE ZIPCODE

Are you 18 years or Older? _____ YES _____ NO Phone No. _____ Apt. No. _____

In case of Emergency Notify _____
NAME ADDRESS PHONE NO.

Are you a U.S. Citizen? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status _____ Yes _____ No

EMPLOYMENT DESIRED

MARK ONE: Food Service Customer Service Janitorial Lawn Service

Date You Can Start _____ Salary Desired \$ _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Ever applied to this office before? _____ Where? _____ When? _____

Ever worked for this office before? _____ Where? _____ When? _____

Reason for leaving _____

Name of last supervisor at this office _____

Who referred you to this office? Name: _____ /_____/ Employment Agency /_____/ Newspaper Ad
/_____/ State Employment Office /_____/ College Placement Office /_____/ Friend /_____/ Walked In /_____/ Other

EDUCATION

SCHOOL LEVEL	Name & Location of School	No. of years attended	Did You Graduate?	Subjects Studied
Grammar School	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade, Business or Correspondence School	_____	_____	_____	_____

GENERAL

Subjects of special study or research work _____

Special Training _____

Special Skills _____

What foreign languages do you speak fluently? _____ READ? _____ WRITE? _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

Name and Address of Present or Last Employer _____

Starting Date _____ Leaving Date _____
MONTH YEAR MONTH YEAR

Weekly Starting Salary _____ Weekly Final Salary _____

Job Title _____ May We Contact Your Supervisor? _____

Name & Title of Supervisor? _____ Phone No. _____

Description of Work _____

Reason for Leaving _____

Name and Address of Present or Last Employer _____

Starting Date _____ Leaving Date _____
MONTH YEAR MONTH YEAR

Weekly Starting Salary _____ Weekly Final Salary _____

Job Title _____ May We Contact Your Supervisor? _____

Name & Title of Supervisor? _____ Phone No. _____

Description of Work _____

Reason for Leaving _____

Name and Address of Present or Last Employer _____

Starting Date _____ Leaving Date _____
MONTH YEAR MONTH YEAR

Weekly Starting Salary _____ Weekly Final Salary _____

Job Title _____ May We Contact Your Supervisor? _____

Name & Title of Supervisor? _____ Phone No. _____

Description of Work _____

Reason for Leaving _____

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

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

MILITARY SERVICE RECORD

Branch of Service _____ Discharge Date _____ Rank _____

Present membership in National Guard or Reserves _____ Date Obligation Ends _____

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THESE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION REQUIRED IS FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSABLE REASONS.

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? * _____ YES _____ NO

DESCRIBE _____

I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO TAKE ONE OR MORE PHYSICAL EXAMINATION(S) AND/OR LIE DETECTOR TEST(S) AS A CONDITION OF HIRING OR CONTINUED EMPLOYMENT. I AGREE TO CONSENT TO TAKE SUCH TEST(S) AT SUCH TIME AS DESIGNATED BY THE CLERK OF COURTS AND TO RELEASE THE CLERK OF COURTS, IT'S ADMINISTRATION, OFFICERS, AGENTS OR EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH TEST(S) _____ YES _____ NO

* YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.

AUTHORIZATION

“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. In consideration of my employment, I agree to conform to the JOB SAVVY MALL’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 JOB SAVVY MALL’s option. I also understand and agree that the JOB SAVVY MALL may change the terms and conditions on my employment, with or without cause and with or without notice, at any time. I understand that no representative, other than the JOB SAVVY MALL, and then only in writing and signed by the JOB SAVVY MALL, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.”

SIGNATURE

DATE

**JOB SAVVY MALL
IS AN
EQUAL OPPORTUNITY EMPLOYER**

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.