



Application for Employment An Equal Opportunity Employer

Please Print

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of our Human Resources Department.

Position(s) applied for:			Date of Application:		
Name: Last		First		Middle	
Address: Street			City		State
					Zip Code
Phone #:		Mobile/Cell/Other Phone #:		E-mail Address:	
If you are under 18, and it is required, can you furnish a work permit <input type="checkbox"/> Yes <input type="checkbox"/> No					
If No, please explain:					
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, give dates and positions:					
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date available for work:			What is your desired salary range?		
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational Co-op / Internship					
Are you able to meet the attendance and physical requirements of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever pled "guilty" or "no contest" to, or been convicted of, a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, please provide date(s) and details:					

Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into account.

Driver's License # (if driving is an essential job function):		State:
Do you wear corrective lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment History

Provide the following information for your past three (3) employers, assignments, or volunteer activities, starting with the most recent.

From:	To:	Employer:	Phone #:
Starting Job Title:	Final Job Title:	Address:	
Immediate Supervisor Name and Title:		Summary of Work Performed and Job Responsibilities:	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Reason for Leaving:		Starting Rate/Salary: \$ _____ per	Final Rate/Salary: \$ _____ per
From:	To:	Employer:	Phone #:
Starting Job Title:	Final Job Title:	Address:	
Immediate Supervisor Name and Title:		Summary of Work Performed and Job Responsibilities:	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Reason for Leaving:		Starting Rate/Salary: \$ _____ per	Final Rate/Salary: \$ _____ per
From:	To:	Employer:	Phone #:
Starting Job Title:	Final Job Title:	Address:	
Immediate Supervisor Name and Title:		Summary of Work Performed and Job Responsibilities:	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Reason for Leaving:		Starting Rate/Salary: \$ _____ per	Final Rate/Salary: \$ _____ per

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Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

Name and Location	Number of Years Completed	Did You Graduate?		Course of Study
High School				
College		Major	Degree	
Other				

References (3 required)

Name	Telephone	Number of Years Known
	()	
	()	
	()	

Applicant Statement

I certify that all information I have provided to apply for and secure work with Mr Window is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from Mr Window's service, whenever it is discovered.

I expressly authorize, without reservation, Mr Window, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), previous employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding Mr Window, its agents, employees, or representatives for seeking, gathering, and using such information in the application process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that Mr Window does not unlawfully discriminate, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from Mr Window and still wish to be considered, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Mr Window reserves the same right to terminate me at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for any specified period or definite duration. I understand that no supervisor or representative of Mr Window is authorized to make any assurances to the contrary and that no implied, oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Mr Window's founder or board of directors.

I also understand that if I am hired I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Do not sign until you have read the above applicant statement.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant:	Date / /
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