



EMPLOYMENT APPLICATION

PRINT CLEARLY + COMPLETE ALL QUESTIONS

DATE		POSITION DESIRED		STATUS DESIRED		
				FULL TIME	PART TIME	TEMPORARY
FIRST NAME			LAST NAME		MIDDLE	
ADDRESS			CITY		STATE	ZIP
HOME PHONE		CELL PHONE		E-MAIL ADDRESS		
EMERGENCY CONTACT FIRST NAME		EMERGENCY CONTACT LAST NAME		EMERGENCY CONTACT RELATIONSHIP		
PHONE NUMBER		WORK PHONE NUMBER		CELL NUMBER		ADDRESS

DO YOU HAVE AUTHORIZATION TO WORK IN THE UNITED STATES? YES NO

ARE YOU CURRENTLY... AT LEAST 14 AT LEAST 16 AT LEAST 18

HAVE YOU PREVIOUSLY INTERVIEWED AT STODOLA'S IGA? YES NO

IF SO, WHEN? _____

WHAT HOURS ARE YOU ABLE TO WORK FOR EACH DAY OF THE WEEK? :

MON _____ TUE _____ WED _____ THUR _____ FRI _____ SAT _____ SUN _____

WHEN CAN YOU BEGIN WORKING? _____

WHAT IS YOUR SALARY EXPECTATION? \$ _____

WHY DO YOU WANT TO WORK FOR STODOLA'S IGA?

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS? YES NO

IF YES, PLEASE EXPLAIN: _____

IF YOU HAVE A PHYSICAL LIMITATION THAT WE WILL NEED TO ACCOMMODATE,

PLEASE DESCRIBE: _____

CHARACTER REFERENCES (DO NOT LIST FAMILY OR EMPLOYERS)

NAME	ADDRESS	PHONE	YEARS ACQUAINTED

APPLICATIONS WILL BE KEPT ON FILE FOR 90 DAYS.

EDUCATION HISTORY

HIGH SCHOOL	# YEARS ATTENDED	GRADUATED?
COLLEGE	# YEARS ATTENDED	GRADUATED?
TECHNICAL SCHOOL	# YEARS ATTENDED	GRADUATED?
SPECIALIZED SKILLS		

WORK HISTORY (START WITH YOUR MOST RECENT OR CURRENT EMPLOYER)

MOST RECENT (CURRENT) EMPLOYER	DUTIES	SUPERVISOR NAME & TITLE
ADDRESS	START DATE & WAGE	REASON FOR LEAVING
PHONE #	END DATE & WAGE	
EMPLOYER	DUTIES	SUPERVISOR NAME & TITLE
ADDRESS	START DATE & WAGE	REASON FOR LEAVING
PHONE #	END DATE & WAGE	
EMPLOYER	DUTIES	SUPERVISOR NAME & TITLE
ADDRESS	START DATE & WAGE	REASON FOR LEAVING
PHONE #	END DATE & WAGE	

PLEASE STATE THE NAMES OF ANY RELATIVES OR FRIENDS THAT HAVE WORKED FOR US

READ CAREFULLY:

UPON SIGNING THIS APPLICATION, I ATTEST THAT ALL INFORMATION GIVEN BY ME IS TRUE AND COMPLETE. I AUTHORIZE YOU TO VERIFY ANY OF THE INFORMATION CONCERNING MY EMPLOYMENT, EDUCATION, CREDIT OR MEDICAL HISTORY WITH THE APPROPRIATE INDIVIDUALS OR ORGANIZATIONS AND I AUTHORIZE THEM TO RELEASE SUCH DISCLOSURE. I ALSO AUTHORIZE YOU TO RELEASE ANY INFORMATION REQUESTED BY ANY OF MY PROSPECTIVE OR SUBSEQUENT EMPLOYERS WITHOUT ANY OBLIGATION TO GIVE ME WRITTEN NOTICE OF SUCH DISCLOSURE. I AGREE THAT ANY FALSE INFORMATION ON MY APPLICATION MAY SUBJECT ME TO DISCHARGE AT ANY TIME DURING THE PERIOD OF EMPLOYMENT. IF HIRED, I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME FOR ANY REASON AS IMPLIED BY THE AT WILL DOCTRINE. I UNDERSTAND THAT THE ONLY WAY THESE ARRANGEMENTS MAY BE ALTERED IS IN WRITING DIRECTED TO ME PERSONALLY ONLY BY THE PRESIDENT OF THE COMPANY.

APPLICANT'S SIGNATURE _____ DATE _____

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