

CLINTON



Application for Employment

Personal Information

Date: _____

Name (Last, Middle Initial, First)		Date Of Birth / /	Social Security No.	
Address		City	State	Zip Code
Home Phone	Cell Phone		Referred By	

Employment Desired

Position	Date You Can Start	Salary Desired
Are You Employed Now? YES <input type="checkbox"/> NO <input type="checkbox"/>	If So, May We Contact Your Present Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are You Legally Authorized To Work In The U.S? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have You Ever Worked For This Company Before? YES <input type="checkbox"/> NO <input type="checkbox"/>	If So, What Year?	What Position?

Education History

	Name & Location of School	Years Attended	Did You Graduate	Subjects Studied
High School				
College				
Trade, Business, or Correspondence School				

General Information

Do You Have Any Experience In Retail Business?		If Yes, Explain:	
Do You Have Any Physical Impairment That Would Cause You To Be Unable To Lift 40 lbs.?		If Yes, Explain:	
Have You Ever Been Convicted Of A Felony?		Are You Currently On Court Supervision/Probation?	
U.S. Military Or Naval Service		Rank	

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Former Employers

Date Month And Year		Name & Address Of Employer	Salary	Position	Reason For Leaving	Employer's Phone #
From	To					
From	To					
From	To					
From	To					

References (Give Below The Names Of Three Persons Not Related To You, Whom You Have Known At Least One Year)

Name	Address	Business	Years

Authorization

"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 authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date

Signature