

Application for Employment



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

PLEASE PRINT

Position(s) applied for _____ Date of application ____ / ____ / ____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source (if applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number () Social Security Number _____

If necessary, best time to call you at home is _____ : _____ am pm

May we contact you at work? Yes No

If yes, work number and best time to call..... () : _____ am pm

If you are under 18, can you furnish a work permit?..... Yes No

Have you filed an application here before? Yes No

If yes, give date..... / /

Have you ever been employed here before?..... Yes No

If yes, give dates From ____ / ____ / ____ To ____ / ____ / ____

Are you legally eligible for employment in this country?..... Yes No

Date available for work / /

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you on lay-off and subject to recall?..... Yes No

Will you relocate if job requires it? Yes No Will you travel if job requires it?..... Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Have you ever been bonded? Yes No

E-Mail Address: _____

If yes, please explain _____

Driver's license number (if job-related) _____ State _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
Address				
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
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Address				
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

Comments (including explanation of any gaps in employment)

Skills and Qualifications - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	Area Code ()	
	Area Code ()	
	Area Code ()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) _____

List any additional information you would like us to consider. _____

-> PLEASE READ AND INITIAL EACH ITEM BELOW:

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

I understand that once the schedule is posted in the store for your shifts, you must be at work for those shifts or find a replacement on your own, and if you do not find a replacement or show up for your shifts, you have in effect agreed that you have resigned your position at Paradise Yogurt.

Days and Hours Requested or Desired: _____

List hours available to work:

	Sun	Mon.	Tue	Wed	Thur	Fri	Sat
Day:							
Night:							

Total Weekly Hours Desired _____

Salary expected _____

How will you get to work _____

Vacations or requested time off you are planning within the next 3 months

Signature of Applicant _____ Date ____/____/____

FOR EMPLOYER AFTER HIRING

Date of Birth: _____

G. Neil Companies assumes no responsibility for any decision the employer makes which may violate applicable state or federal law.



Call toll free 1-800-999-9111 to reorder Application for Employment #R4A-0501 C
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