



EMPLOYMENT APPLICATION (U.S.)

An Equal Opportunity Employer



PERSONAL

Social Security Number	Last Name	First Name	Middle Name
Current Mailing Address	Street	City	State Zip
Permanent Address (if different from above)	Street	City	State Zip
Phone	Are you 18 or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, age		

I am (check a box):

A citizen or national of the United States

An alien lawfully admitted for permanent residence (Alien Number A _____)

An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission Number _____).
Expiration of employment authorization if any _____).

POSITION APPLYING FOR

Hours Available	M	T	W	TH	F	SA	SU	Are You Interested In: <input type="checkbox"/> Full <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Other (Specify)
From								
To								
Date Available		Salary Acceptable Per Hr.		Per Mo.		Total Hours Available Per Week:		
Have You Ever Worked for a Fast Food Franchise Before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, for Whom? _____						
From / / to / /								
Who Referred You To This Job?								
Address						Phone		
Have You Ever Been Convicted For Other Than A Minor Traffic Violation? (This Information May Be Considered In Hiring Or Job Placement, But Will Not Automatically Disqualify You For Employment). <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:								

EDUCATION

Highest Grade Completed	Post-Secondary	Other (Specify)	Grade Point Average
7 8 9 10 11 12	1 2 3 4		

ACTIVITIES

Class Organizations, Scholastic Honors and Other School Activities (At Your Option, You May Exclude Organizations Which Indicate Race, Creed, Color, National Origin or Religion)

Hobbies and Recreational Interests

EMPLOYMENT RECORD

Name & Address of Present Employer				Employment Dates From / / To / /	
Supervisor's Name	Title	Phone	Position	Starting Salary	Final Salary
Reason For Leaving			May We Contact This Employer <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, At A Later Date <input type="checkbox"/> No, Do No Contact		
Name & Address of Most Recent Employer (other than present if applicable)				Employment Dates From / / To / /	
Supervisor's Name	Title	Phone	Position	Starting Salary	Final Salary
Reason For Leaving			May We Contact This Employer <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, At A Later Date <input type="checkbox"/> No, Do No Contact		

EMERGENCY CONTACT

In Case of Emergency Contact	Phone
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