

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION							
First Name		Last Name			MI		Social Security Number
Street Address				City/State			Zip Code
Email Address			Home Phone		Mobile Phone		
Are you entitled to work in the United States?		Yes	No	Are you 18 or older?	Yes	No*	If No, Date of Birth
What position are you applying for?			How did you hear about this position?				
Expected Hourly Rate	Expected Weekly Earnings			BGCWD Club Preference		Date Available	
* If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.							

AVAILABILITY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
То:							

WORK EXPERIENCE	Current or N	Most Recent	Pi	ior	Pr	ior
Employer						
Address						
City, State, Zip						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	То	From	То	From	То
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact	Yes	No	Yes	No	Yes	No

EDUCATION	Name/Location	Last Year Complete	Degree	Major
High School				
College/University				
Trade School				
Other				
List any applicable skills, trainings or proficiencies				

PERSONAL REFERENCES	Reference 1	Reference 2	Reference 3
Name			
Relationship			
Email			
Telephone			

CAREFULLY READ THE FOLLOWING DISCLAIMER BEFORE SIGNING

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature	Date

ADMINISTRATIVE USE ONLY

Interviewed By:		Date:		
Remarks:				
	I	I		
Hired?	Position:	Department:		
Salary/Wage:	Start Date:	End Date:		
Signature of Hiring Manager:				