

# Shanahan's Application for Employment

*We Are An Equal Opportunity Employer*

<b>Please Print</b>			
Last Name	First Name	Middle Initial	Social Security Number
Address	City	Zip Code	Phone Number
<b>WORK EXPERIENCE - LIST MOST RECENT JOB FIRST</b>			
From	Employer's Name/Address/Telephone	Start Pay	Position
To		Last Pay	Reason for Leaving
Describe the Work You Did			
From	Employer's Name/Address/Telephone	Start Pay	Position
To		Last Pay	Reason for Leaving
Describe the Work You Did			
From	Employer's Name/Address/Telephone	Start Pay	Position
To		Last Pay	Reason for Leaving
Describe the Work You Did			
<b>GENERAL INFORMATION</b>			
What position are you applying for? _____ Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/> When are you available to start work? _____ Are you willing to work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, can you provide a valid Work Permit, high school diploma, or equivalent? Yes <input type="checkbox"/> No <input type="checkbox"/> What languages do you speak, read, or write fluently? _____ If hired, can you verify that you have the legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have any special skills, training, or experience which may help you qualify for this job? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please explain _____ Do you have a reliable means of transportation to get to work? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have any physical or mental conditions that would limit your ability to do this job? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please explain _____ Do any of your relatives work for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, who? _____ Have you ever worked for this company before? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when? _____ Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes <input type="checkbox"/> No <input type="checkbox"/> (Note: Conviction will not necessarily disqualify applicant) If so, please explain _____ How did you find out about this job? _____			

## EDUCATION

Circle highest level achieved:

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D College: 1 2 3 4

Name of School:

Name of School:

Name of School:

Location of School:

Location of School:

Location of School:

If in high school, are you involved in a recognized work co-op program? Yes No

Degree & Major:

If yes, identify program and school

Minor:

Describe and special qualifications you have for this job:

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## PROFESSIONAL REFERENCES

Name:

Company:

Phone Number:

1)

2)

3)

## CERTIFICATION AND ACKNOWLEDGMENT

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination.

I authorize the company to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employers to disclose to the company any and all information they may have concerning my previous employment. In addition, I hereby release the company, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such disclosure.

I acknowledge that, if employed, both the company and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. This employment at will relationship will remain in effect throughout my employment with the company and may not be modified by any oral or implied agreement.

Applicant's Signature

Date