



AMERICANTINA

## EMPLOYMENT APPLICATION

| APPLICANT INFORMATION                     |  |  |   |
|---|--|--|---|
| Last Name                                 |  | First  | M.I.      Date  |
| Street Address                            |  |  | Apartment/Unit #  |
| City                                      |  | State  | ZIP   |
| Phone                                     |  | E-mail Address   |   |
| Date Available                            |  | Social Security No.                                      | Expected Salary   |
| Position Applied for                      |  |  | Age: Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>         |
| Are you a citizen of the United States?   |  | YES <input type="checkbox"/> NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company?    |  | YES <input type="checkbox"/> NO <input type="checkbox"/> | If so, when?  |
| Have you ever been convicted of a felony? |  | YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, explain   |

| EDUCATION   |    |  |        |
|-------------|----|--|--------|
| High School |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College     |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other       |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

| REFERENCES  |              |
|---|--------------|
| <i>Please list three professional references.</i> |              |
| Full Name   | Relationship |
| Company   | Phone (    ) |
| Address   |              |
| Full Name   | Relationship |
| Company   | Phone (    ) |
| Address   |              |
| Full Name   | Relationship |
| Company   | Phone (    ) |
| Address   |              |

| PREVIOUS EMPLOYMENT |
|---------------------|
|                     |

|   |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| Company   |                 | Phone ( )          |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone ( )          |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone ( )          |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| <b>EMPLOYMENT INFORMATION</b>                                 |  |
|---|--|
| Are you seeking full time, part time or temporary employment? |  |
| What hours would you prefer to work?                          | What hours are you not able to work?       |
| Are you willing to work overtime?                             | If hired, when would you be able to start? |

| <b>DISCLAIMER AND SIGNATURE</b>   |      |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge.  |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |      |
| Signature   | Date |