

Hawks

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT

DATE

NAME			Soc.Sec.No.
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LAST FIRST MIDDLE

ADDRESS

CITY STATE ZIP

TELEPHONE HOME ()	MOBILE ()
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DESIRED POSITION	FULL TIME	PART TIME
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I CAN WORK THE FOLLOWING: Hours	Days
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ARE YOU 18 YEARS OR OLDER?	YES	NO
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U.S. CITIZEN	YES	NO
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EMERGENCY CONTACT

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME	PHONE	RELATIONSHIP
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EDUCATION

	NAME AND LOCATION	# YEARS ATTENDED	0+	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
OTHER				

REFERENCES

GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOW AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

SCHEDULE AVAILABILITY

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

LUNCH						
DINNER						

EMPLOYMENT

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
REASON FOR LEAVING			SALARY
MAY WE CONTACT YOUR SUPERVISOR? YES NO			
NAME OF SUPERVISOR	TITLE	PHONE	
DUTIES PERFORMED:			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
REASON FOR LEAVING			SALARY
MAY WE CONTACT YOUR SUPERVISOR? YES NO			
NAME OF SUPERVISOR	TITLE	PHONE	
DUTIES PERFORMED:			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
REASON FOR LEAVING			SALARY
MAY WE CONTACT YOUR SUPERVISOR? YES NO			
NAME OF SUPERVISOR	TITLE	PHONE	
DUTIES PERFORMED:			

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE

SIGNATURE