



PD/HR TO COMPLETE	
Date Interviewed:	_____
Interview Completed By:	_____

Job Application Form
Student Caller

Please complete the form below.

Name (Last, First, Middle Initial):	Social Security Number:
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Local Address:

<i>Street Address</i>	<i>Apt#</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Email Address:	Home Phone:	Cell Phone:
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Permanent Address:

<i>Street Address</i>	<i>Apt#</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Do you use a nickname? YES NO

Would we need additional information in order to check your employment record?

YES NO

If yes, explain:

WORK HISTORY (Please begin with your most recent work experience):

Date To/From	Company Name	Job Duties	Your Title /Salary	Reason Left

May we contact all of these employers for a reference? YES NO

If no, which one(s) would you prefer we not contact? _____

EDUCATIONAL HISTORY:

<i>Major</i>	<i>Year in school</i>	<i>Expected Graduation Date</i>
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Are you legally eligible to work in the United States? YES NO (If hired, you will be required to provide documentation of eligibility for employment.)

Have you ever been convicted of a felony? YES NO

If yes, please give details and dates: _____

Note: Answering YES does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into account.

IMPORTANT: THIS POSITION REQUIRES THAT YOU BE AVAILABLE TO WORK THE HOURS LISTED BELOW.

This may change based on business needs. Please, remember that you are required to work three shifts per week and must have weekend availability. Please Cross off the days that you cannot work the entire shift.

	MON	TUE	WED	THURS	FRI	SAT	SUN
Shift #1	5:45-9 PM	5:45-9 PM	5:45-9 PM	5:45-9 PM			1:45-5:15 PM
Shift #2							5:45-9:15 PM

By signing below you acknowledge that you are available to work the hours listed above, up to status hrs/wk:

Signature:	Date:
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PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING:

By signing below: I hereby certify that all statements made on this application & all other documents I have submitted in support of my application are true & complete to the best of my knowledge & belief. I understand that knowingly making a false statement or omission on this application may be sufficient cause for rejection of my application or dismissal after employment. I hereby authorize IDC to investigate the information contained herein & release all references, previous employers & schools from damages resulting from furnishing such information. I also understand that my employment relationship is at will & may be terminated by either party at any time.

Referred by: _____

Signature:	Date:
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