

ERNIE'S EMPLOYMENT APPLICATION

Last Name: _____ First Name: _____

Address: _____ Phone Number: _____

City, State, Zip: _____ Alternate Phone: _____

Social Security No.: _____ Position Desired: _____

Education: Mark the highest level of education you have attained:

_____ High School

_____ College Graduate

_____ No Diploma

Please List Your Past Two Employers:

Employer

Supervisor

Phone No.

Worked from ? To ?

Please write in your own words. . .

1. Why you want to work at Ernie's? _____

2. Why you think Ernie's should hire you? _____

Personal Information:

- Do you have any handicaps that would hinder the performance of your job? Yes No
- Have you ever been injured on the job? Yes No
- Have you ever collected workman's compensation? Yes No
- Have you ever been involved in a lawsuit against an employer? Yes No
- Would you submit to a drug test prior to employment? Yes No
- Have you ever been sued by an employer? Yes No
- Are you at least 18 years of age? Yes No

I HAVE FILLED OUT THE ABOVE INFORMATION TRUTHFULLY. AS AN EMPLOYEE OF THIS COMPANY, I MAY BE RESPONSIBLE TO COLLECT CASH and/or OTHER PAYMENTS AS PART OF MY REGULAR JOB RESPONSIBILITIES. I UNDERSTAND THAT I AM RESPONSIBLE FOR SAID CASH/PAYMENTS AND WILL BE ACCOUNTABLE TO MANAGEMENT FOR THESE FUNDS. FURTHERMORE, I MAY BE ISSUED KEYS, EQUIPMENT, UNIFORMS AND OTHER SUPPLIES. UPON TERMINATION I WILL IMMEDIATELY RETURN ALL ISSUED ITEMS. I ALSO UNDERSTAND THAT I WILL REPORT ANY INJURY IMMEDIATELY TO A MANAGER.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY						
Available Shifts:						
M	T	W	TH	FRI	SAT	SUN
				Hours Available:	_____	
Start Date:			Start Time:			
_____			_____			
Hired By:			Pay Rate:			
_____			_____			