



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.	Desired Salary:	
Position Applied for:		Employee Referral? If yes, who?	
Are you available to work _____ Full Time _____ Part Time _____ Seasonal (6 - 9 Months) _____ Temporary (less than 6)			
Are you legally authorized to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If you are under 18 years of age, can you provide proof of eligibility? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever filed an application with this company before? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Do you have a relative that works at Hayfields? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, name?			
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	
		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Trade School		Address	
		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
REFERENCES			
<i>Please list two professional references.</i>			
Full Name:		Relationship:	
Company:		Day Phone ()	
Address:			
Full Name:		Relationship:	
Company:		Day 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"/>			
SPECIALIZED SKILLS, TRAINING, ETC.			
DISCLAIMER AND SIGNATURE			
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:

Hours of Availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday