



# Employment Application

Equal Opportunity Employer – M/F/D/V

Position for which applying		Date		Location
Date Available	Salary Desired	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal

## PERSONAL DATA

Name	Last	First	Middle Initial	Social Security Number
Street Address				
City			State	Zip
Home Phone		Business Phone		Time at Present Address
Are you legally eligible to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Please initial:	
Are you 21 years of age or older? (For legal reasons)		<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that, if hired, I will be required to show documents proving my work eligibility: _____	

## EDUCATION

Circle Highest Level Or Equivalent Completed	Elementary School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 1 2 3 4
Name of College, University or Vo-Tech attended _____			
If you did not graduate, indicate the number of credit hours completed _____			
Are you recently enrolled or do you intend to enroll in school: <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____			
If yes, give nature of business and amount of your time it requires: _____			

## RECORD OF EMPLOYMENT

Please complete in detail starting with present or most recent employer. Account for all periods including unemployment and military service. Attach a list of additional positions if necessary. Please provide correct and complete addresses and telephone numbers.

May we contact your present employer: ☐ Yes ☐ No ☐ Not applicable

Employer	Employed From – To	Title
Address	Phone	Base Salary First – Last
Supervisor	Phone	Other Compensation
Reason for Leaving		
Employer	Employed From – To	Title
Address	Phone	Base Salary First – Last
Supervisor	Phone	Other Compensation
Reason for Leaving		
Employer	Employed From – To	Title
Address	Phone	Base Salary First – Last
Supervisor	Phone	Other Compensation
Reason for Leaving		
Employer	Employed From – To	Title
Address	Phone	Base Salary First – Last
Supervisor	Phone	Other Compensation
Reason for Leaving		

Do you have a valid driver's license? ☐ Yes ☐ No State and Number \_\_\_\_\_

Have you ever been employed by this company or any of its affiliates? ☐ Yes ☐ No (Please indicate if under a different name) \_\_\_\_\_

Location: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Other experience and skills: \_\_\_\_\_

\_\_\_\_\_

Please list all foreign languages you speak fluently. \_\_\_\_\_

Have you been convicted of a felony in the past 7 years? ☐ Yes ☐ No If so, please explain fully in comments below:

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Please indicate hours available to work:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Who may be contacted in case of an emergency?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list three references of people with whom or for whom you have worked:

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Add any other information that you feel is important: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referral Source: ☐ Advertisement ☐ Newspaper ☐ Employment Agency ☐ Internet ☐ Other

**IMPORTANT – READ CAREFULLY**

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for dismissal in accordance with LinksCorp policy. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that might result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of LinksCorp. I understand my employment and compensation can be terminated with or without notice, at any time, at the option of either the Company or myself. I understand that satisfactory completion of a pre-employment drug test is required for management and all corporate positions as a condition of employment. I further understand and agree that post-employment drug testing may be required in the event I am involved in a worker's Compensation accident or in the event the company determines that reasonable cause exists to suspect drug use.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**TO BE COMPLETED BY HIRING MANAGER**

Interviewer's Remarks \_\_\_\_\_

\_\_\_\_\_

Monthly Salary \$ \_\_\_\_\_ Hourly \$ \_\_\_\_\_ Starting Date \_\_\_\_\_ Scheduled hrs/week \_\_\_\_\_

☐ Full – Time ☐ Part-Time Dept. \_\_\_\_\_ Job Title/Code \_\_\_\_\_

☐ Salaried Course Location \_\_\_\_\_

Employee No. \_\_\_\_\_ Shift \_\_\_\_\_ Hired by \_\_\_\_\_ Approved by \_\_\_\_\_

(Dept. Head) (General Manager)