



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: I understand that, if hired, I will be required to show documents proving my work eligibility: _____
Are you 21 years of age or older? (For legal reasons)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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