

# HASKELL'S APPLICATION FOR EMPLOYMENT

**GENERAL INFORMATION:**

**DATE:** \_\_\_\_\_

Please provide complete and legible information. Haskell's is an equal opportunity employer.

**FULL NAME:** \_\_\_\_\_  
Last
First
Middle

**ADDRESS:** \_\_\_\_\_  
Street
City
State
Zip

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**EMPLOYMENT DESIRED:**

**Position:** \_\_\_\_\_  Full Time  Part Time

Are you employed now? \_\_\_ If so, may we seek information from your present employer? \_\_\_\_\_

Do you have previous employment with Haskell's? \_\_\_\_\_ If yes, give dates and location(s) \_\_\_\_\_

Desired Salary \_\_\_\_\_ Date you can start \_\_\_\_\_ Are you 21 or Older? \_\_\_\_\_

Are you available to work Evenings? \_\_\_\_\_ Weekends? \_\_\_\_\_ Holidays? \_\_\_\_\_

**EDUCATION:**

Type of School	School Name and Address	Number of Years Completed	Graduated	Course of Study or Major
	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State			
College	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State			
College	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State			
Vocational or Trade School	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State			
Other	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State			

Do you plan to continue your education?  Yes  No If yes, what area? \_\_\_\_\_

**EMPLOYMENT RECORD:** List current employment first

Company Name/Address	Employment Dates	Position	Begin/Ending Salary	Reason for Leaving
	From: To:		Beginning: Ending:	

**REFERENCES:** Give the names of three persons not related to you whom you have known at least one year.

Name	Address/Phone Number	Business	Years Acquainted

**ADDITIONAL COMMENTS** (not required):

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I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and 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. I release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, may be terminated at any time without any prior notice.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_