



The Alleen Company is a Drug-Free Workplace

Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
(Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

PERSONAL							
PLEASE COMPLETE THIS FORM OR PRINT AND FILL OUT IN INK							
Full Name	Social Security Number						
Present Address	How Long	Phone #					
City	State	Zip					
If you are under age 18, please state your age:				If under age 18, can you supply working papers? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the united states? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Have you ever been convicted of a crime or violation other than a minor traffic infraction? <input type="checkbox"/> YES <input type="checkbox"/> NO (A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.) If yes, please explain:							
Have you ever been discharged from any employment or asked to resign? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:							
PLEASE CHECK SCHEDULE AVAILABILITY:							
<input type="checkbox"/> I am available, desire to work FULL-TIME (35 hours), and do not have restrictions on my hours and days. (Complete Section B)							
<input type="checkbox"/> I am available and desire to work PART-TIME (If less than 34 hours a week, please complete Sections A & B).							
A. I am only available for PART-TIME because: <input type="checkbox"/> Student <input type="checkbox"/> Other Job <input type="checkbox"/> Other (explain):							
B. Hours Available	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	• A.M. • P.M.	• A.M. • P.M.	• A.M. • P.M.	• A.M. • P.M.	• A.M. • P.M.	• A.M. • P.M.	• A.M. • P.M.
TO	• A.M. • P.M.	• A.M. • P.M.	• A.M. • P.M.	• A.M. • P.M.	• A.M. • P.M.	• A.M. • P.M.	• A.M. • P.M.
NOTE: Work schedules are based upon the needs of the business and may be subject to change on a weekly basis.							
EXPERIENCE OR QUALIFICATIONS							
List any experience, skills, or other qualifications (including hobbies) which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service that you would like considered in connection with your application for employment.							

EMPLOYMENT HISTORY

Begin with your most recent employment [1] and continue with all past employment (attach additional sheet if necessary).

1. EMPLOYER NAME	FROM		STARTING SALARY	NAME OF SUPERVISOR
	MO.	YR.		
	TO		\$	TITLE OF SUPERVISOR
	MO.	YR.		
ADDRESS			ENDING SALARY	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY, STATE, ZIP	PHONE NO.		\$	TYPE OF BUSINESS
JOB TITLE	JOB DUTIES			

EXPLAIN ANY PERIOD BETWEEN JOBS

REASON FOR LEAVING (Please Explain)

2. EMPLOYER NAME	FROM		STARTING SALARY	NAME OF SUPERVISOR
	MO.	YR.		
	TO		\$	TITLE OF SUPERVISOR
	MO.	YR.		
ADDRESS			ENDING SALARY	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY, STATE, ZIP	PHONE NO.		\$	TYPE OF BUSINESS
JOB TITLE	JOB DUTIES			

EXPLAIN ANY PERIOD BETWEEN JOBS

REASON FOR LEAVING (Please Explain)

3. EMPLOYER NAME	FROM		STARTING SALARY	NAME OF SUPERVISOR
	MO.	YR.		
	TO		\$	TITLE OF SUPERVISOR
	MO.	YR.		
ADDRESS			ENDING SALARY	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY, STATE, ZIP	PHONE NO.		\$	TYPE OF BUSINESS
JOB TITLE	JOB DUTIES			

EXPLAIN ANY PERIOD BETWEEN JOBS

REASON FOR LEAVING (Please Explain)

EDUCATION HISTORY					
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	YEARS ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL				YES NO	
COLLEGE				YES NO	
BUSINESS, TRADE				YES NO	
OTHER				YES NO	
				YES NO	

PERSONAL OR BUSINESS REFERENCES		
1	NAME	OCCUPATION BUSINESS PHONE
	HOME ADDRESS HOME PHONE	TITLE RELATIONSHIP
	CITY, STATE AND ZIP	HOW LONG KNOWN
2	NAME	OCCUPATION BUSINESS PHONE
	HOME ADDRESS HOME PHONE	TITLE RELATIONSHIP
	CITY, STATE AND ZIP	HOW LONG KNOWN
3	NAME	OCCUPATION BUSINESS PHONE
	HOME ADDRESS HOME PHONE	TITLE RELATIONSHIP
	CITY, STATE AND ZIP	HOW LONG KNOWN

ADDITIONAL REFERENCE INFORMATION

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION, OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____

INTERVIEWED BY: _____

NOTES: