

Sorrells Enterprises



APPLICATION FOR EMPLOYMENT

(Company Name) is an equal opportunity employer. We have a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, disability, sexual orientation, or any other basis prohibited by federal or state law.

GENERAL INFORMATION Please print clearly

Name (Last name, First name, Middle Initial)	Referred By:
Address (Street, City, State, Zip Code)	
Telephone (Home, Work or Alternate Number)	

Are you legally eligible for employment in the U.S.? If no, please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Are you 18 years of age or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Have you been convicted of a crime? If yes, list below convictions that are a matter of public record. Please do not list minor traffic violations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Do you have a valid driver's license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

AVAILABILITY/ EMPLOYMENT DESIRED

Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Date You Can Start Work
---	--------------------------------

What are your salary/pay expectations?

Specify hours available for each day of work.

Day	Start	End	
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

What position are you applying for?

- Customer Service
- Administrative
- Driver
- Sales
- Management

If hired, you may be assigned to different duties. Is there any work you will not perform?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Have you previously applied/ worked for (Company Name)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list dates/location?
Do you have a reliable method of transportation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION

High School - Name and Location	Subjects Studied/Degrees Received
Number of Years Completed - Circle 1 2 3 4	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>

College - Name and Location	Subjects Studied/Degrees Received
Number of Years Completed - <i>Circle</i> 1 2 3 4	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>

Vocational School - Name and Location	Subjects Studied/Degrees Received
Number of Years Completed - <i>Circle</i> 1 2 3 4	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>

Please list additional qualifications, computer skills or experience you bring to (Company Name)

EMPLOYMENT HISTORY

List below **current** and **last two** (2) employers, starting with the last one first.

Dates of Employment	Company Name/Location of Current Employer	Rate of Pay	Position	Supervisor Name and Telephone Number
From: (Month/Year) To: (Month/Year)				
Reason for Leaving?		May we Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, why?

Dates of Employment	Company Name/Location of Previous Employer	Rate of Pay	Position	Supervisor Name and Telephone Number
From: (Month/Year) To: (Month/Year)				
Reason for Leaving?		May we Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, why?

Dates of Employment	Company Name/Location of Previous Employer	Rate of Pay	Position	Supervisor Name and Telephone Number
From: (Month/Year) To: (Month/Year)				
Reason for Leaving?		May we Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, why?

REFERENCES

Below give the names of two persons not related to you whom you have known for at least one year.

Name	Telephone Number	Relationship	Years Known

PLEASE READ AND SIGN

I certify that the information contained in this application (and accompanying resume and documentation, if any) is true and complete to the best of my knowledge and understand that if employed, falsified statements or misrepresentation on this application shall be grounds for immediate dismissal. I authorize (Company Name) to thoroughly investigate my background, references, and employment record and other matters related to my suitability for employment. I authorize any persons, schools, and my current and/or previous employers to provide (Company Name) with any information or opinion requested by (Company Name). I release all persons, schools, and employers of any claims for providing such information. I understand that nothing contained in this application, or conveyed during any interview that may be granted, is intended to create an employment contract. I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or (Company Name) at any time without prior notice for any reason. I further understand that if employed by (Company Name, no representative of (Company Name), other than the CEO has any authority to modify my status as an employee at will and any such modification must be made in writing directed to me exclusively and signed by me and the CEO.

Date	Signature
------	-----------