

Outside Dreams - Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical / mental disability, or veteran status.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
  Last   First   Middle

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

When can you start? \_\_\_\_\_

Desired Wage: \$ \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation)  Yes  No

Are you looking for full-time employment?  Yes  No

If no, what hours are you available? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please describe the conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education: (include school name, location, year, major, & degree if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition to your work history, are there other skills, qualifications, or experience you have that we should consider?

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Employment History: (please attach additional information if necessary)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Started: \_\_\_\_\_

Date Ended: \_\_\_\_\_

Starting Wage: \_\_\_\_\_

Ending Wage: \_\_\_\_\_

Starting Position: \_\_\_\_\_

Ending Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact?  Yes  No

Responsibilities:

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Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Started: \_\_\_\_\_

Date Ended: \_\_\_\_\_

Starting Wage: \_\_\_\_\_

Ending Wage: \_\_\_\_\_

Starting Position: \_\_\_\_\_

Ending Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact?  Yes  No

Responsibilities:

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Reason for leaving: \_\_\_\_\_

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_