



**APPLICATION FOR EMPLOYMENT
EQUAL OPPORTUNITY EMPLOYER**

Last Name	First Name	Middle Name	Date
Address	Telephone		Social Security Number
City	State	Zip Code	

Date you can start _____

Are you 18 or older? Yes _____ No _____ If No How Old Are You? _____

If no, can you furnish a work Permit? _____

Have you ever worked at a Stefanina's? Yes _____ No _____

If yes, which Location? _____ What Dates? _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please describe. _____

WHEN ARE YOU AVAILABLE TO WORK

Days _____ Nights _____ Full Time _____ Part Time _____

	Monday	Tuesday	Wednesda y	Thursda y	Friday	Saturday	Sunday
From:							
To:							

EDUCATION

School	Name & Location	Course of Study	Years Completed
High School			
College			
Other			

TWO MOST RECENT JOBS

Company	Location
Phone	Reason for leaving
Job Description	
Salary/Wage	Supervisor
Company	Location
Phone	Reason for leaving

Job Description	
Salary/Wage	Supervisor

REFERENCES

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

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I certify that the statements contained in this application and any other documents submitted in connection with my application for employment and the statements made during any interview process are true and complete to the best of my knowledge.

I give Stefanina's the right to make a thorough investigation of my past employment, education and activities, and I release from all liability all persons, firms, and organizations supplying any such information.

I indemnify Stefanina's and all persons, firms and organizations against any liability that might result from making this investigation.

I understand that any false answer, statement or implication made by me in this application or other documents may, in the discretion of Stefanina's, result in denial of employment or, if hired, in my discharge.

I also understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Stefanina's and me either for employment or for the providing of any benefit. Additionally, I understand that, if I am hired, no oral or written promise made today or in the future, or anything else that is said or done by Stefanina's today or in the future, including, but not limited to, the establishment of any employment practice or the creation and/or distribution of any written employment policies or benefit plans, constitutes or provides a basis for an employment contract between Stefanina's and me either for continued employment or for the providing of any benefit. Only an express promise, made in writing and signed by me and the President of Stefanina's can create a contract that is binding on Stefanina's. I acknowledge that no promises regarding employment have been made to me. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and Stefanina's retains the right to terminate my employment with or without cause, and with or without notice, at any time. In other words, I understand that my employment is at-will.

My signature below confirms that I have read the above paragraphs and understand them.

APPLICANT'S SIGNATURE _____

DATE _____

Person to Notify in Emergency	
Name _____	Phone () _____
Address _____	
City/State/Zip _____	