



Employment Application

*Please fill complete the form and email to nareshadvani@aol.com

Date: _____

Social Security #: _____

Name

First

MI

Last

Address

Street

City

State

Zip Code

Are you a US Citizen, a lawful permanent resident or alien authorized for employment in the U.S?

Yes No

Are you at least 18 years of age? Yes No

Home phone

Cell Phone

Other job phone

Position applying for _____

Date available to start _____

Are you applying for a full-time or part-time position?

Full-time Part-time

Do you have reliable transportation to and from work?

Yes No

How many hours a week do you expect to work? _____

Please put an X in the box of each shift you are available to work.

| | Thurs | Fri | Sat | Sun | Mon | Tues | Wed |
|--------|-------|-----|-----|-----|-----|------|-----|
| Lunch | | | | | | | |
| Dinner | | | | | | | |

What is the minimum amount of money you need to earn? Per hour _____ Weekly _____

Have you ever been convicted of a felony? Yes No

If yes, please explain below.



Employment History **Begin with the most recent employer**

| | | | | | |
|-------------------|-------|--------------------------------------|--------------|-----------------|-------|
| Employer | _____ | Start date | _____ | End date | _____ |
| Location | _____ | Hourly pay rate | Start | Finish | _____ |
| Phone | _____ | May we contact this employer? | O Yes | O No | |
| Job Title | _____ | Reason for leaving | _____ | | |
| Supervisor | _____ | | | | |

| | | | | | |
|-------------------|-------|--------------------------------------|--------------|-----------------|-------|
| Employer | _____ | Start date | _____ | End date | _____ |
| Location | _____ | Hourly pay rate | Start | Finish | _____ |
| Phone | _____ | May we contact this employer? | O Yes | O No | |
| Job Title | _____ | Reason for leaving | _____ | | |
| Supervisor | _____ | | | | |

| | | | | | |
|-------------------|-------|--------------------------------------|--------------|-----------------|-------|
| Employer | _____ | Start date | _____ | End date | _____ |
| Location | _____ | Hourly pay rate | Start | Finish | _____ |
| Phone | _____ | May we contact this employer? | O Yes | O No | |
| Job Title | _____ | Reason for leaving | _____ | | |
| Supervisor | _____ | | | | |

Emergency Contact _____ **Phone** _____

I declare that I am qualified to perform all the duties of the position I am seeking. I also declare that the information I have provided on the application and in the interview, is correct and that any false statements or omissions will result in my discharge.

Signature _____ **Date** _____