



# Maddi's Southern

## EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

### PERSONAL INFORMATION

DATE

SOCIAL SECURITY  
NUMBER

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NUMBER

HOME

MOBILE

ARE YOU 18 YEARS OR OLDER?(CIRCLE ONE)

YES

NO

### EMPLOYMENT DESIRED

POSITION

DATE YOU  
CAN START

SALARY  
DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE CONTACT  
YOUR PRESENT EMPLOYER?

EVER APPLIED TO THE COMPANY?

WHERE?

WHEN?

AVAILABILITY

	SUN	MON	TUE	WED	THUR	FRI	SAT
FROM:							
TO:							

EDUCATION	NAME AND LOCATION OF SCHOOL	*YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

**FORMER EMPLOYERS** LIST BELOW THE LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST 1 YEAR

NAME	LOCATION / PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

**PHYSICAL RECORD**

DO YOU HAVE ANY LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?(CIRCLE ONE) YES NO  
 IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? \_\_\_\_\_

PLEASE DESCRIBE:

IN CASE OF  
EMERGENCY NOTIFY

NAME ADDRESS PHONE NUMBER

**SPECIAL QUESTIONS**

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE U.S.?(CIRCLE ONE) YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS?(CIRCLE ONE) YES NO

DESCRIBE:

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THE APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIED FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE SIGNATURE