

76th Street Truck Stop Diner
460 76th Street Byron Center, MI 49315

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position					
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?					
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain					
EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
PREVIOUS EMPLOYMENT					
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

GENERAL INFORMATION

Special Training	
Special Skills	
U.S. Military or Naval Service	Rank

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()

DISCLAIMER AND SIGNATURE

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information that may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act and other relevant federal and state laws.

Signature	Date
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