

Application for Employment

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. *Please print neatly.*

NAME: _____ Social Security # _____

Email: _____ Phone: () _____

Address: _____

City: _____ State: _____ ZIP: _____

I am applying for: _____ Full-time _____ Part-time _____ Either

What days are you available to work? _____

What hours are you available to work? _____

On what date would you be available to start working here? _____

Do you have a legal right to be employed in the U.S.? _____ Yes _____ No
(if yes, proof will be required)

Are you of legal age to work? _____



Educational Background

High School: _____

Did you graduate? _____ Date: _____ Course of Study: _____

College: _____

Did you graduate? _____ Date: _____ Course of Study: _____

Other Training, Certifications, Qualifications (please describe/ explain) : _____



**Building Better
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Previous Employers/ References

— List the most recent employer first. Place an X by the employers you do not want us to contract.

1. Company Name: _____ Phone: () _____
Contact Name: _____ Employed From _____ to _____
Address _____ Last wage _____
Position _____ Reason for leaving _____ Contact _____

2. Company Name: _____ Phone: () _____
Contact Name: _____ Employed From _____ to _____
Address _____ Last wage _____
Position _____ Reason for leaving _____ Contact _____

3. Company Name: _____ Phone: () _____
Contact Name: _____ Employed From _____ to _____
Address _____ Last wage _____
Position _____ Reason for leaving _____ Contact _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature: _____

Date: _____

For Office Use Only-----

Hire Date: _____ Starting Rate: _____

Employee # _____ DOB: _____ Skills: _____

Notes: _____
