

# Employment Application

**PERSONAL**

DATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Are you over 18 years of age?  Yes  No  
 If "NO" state your date of birth:  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

If hired can you provide proof of eligibility to work in the United States prior to your start date?  Yes  No

Person to be contacted in case of emergency:  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

**EDUCATION**

High School name and location \_\_\_\_\_ No. of years attended \_\_\_\_\_  
 Graduated?  Yes  No GED

College name and location \_\_\_\_\_ No. of years attended \_\_\_\_\_  
 Graduated?  Yes  No

Technical name and location \_\_\_\_\_ No. of years attended \_\_\_\_\_  
 Graduated?  Yes  No

Are you currently enrolled in school?  Yes  No  
 If yes, please give name and location. \_\_\_\_\_

We hire only U.S. citizens and lawfully authorized alien workers. Your name and social security number may be verified with Social Security Administration. The law prohibits discrimination because of race, color, religion, sex, age, national origin, or a disability which may be reasonably accommodated.

**DRUG TESTING & ARBITRATION AGREEMENT NOTICE TO ALL APPLICANTS**

This establishment promotes a drug-free work environment. If a job offer is extended to you, you may be required to submit to and pass a drug and/or alcohol test for the abuse of illegal substances prior to being hired. Additionally, a drug test may be required following a work-related injury and prior to finalizing a promotion, unless an exception applies in your state. Any employment with Luke's may also be conditioned upon your agreement to submit any claims or controversies arising out of your employment to arbitration pursuant to the Luke's Dispute Resolution Agreement.

**AVAILABILITY**

What led you to contact us for employment? \_\_\_\_\_

Date available for employment: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

Position(s) desired: \_\_\_\_\_

Total hours available per week \_\_\_\_\_  
 (Total hours scheduled are at the discretion of management)

**HOURS AVAILABLE**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From _____							
To _____							

Are you seeking seasonal employment?  Yes  No  
 If yes, for how long? FROM: \_\_\_\_\_ TO: \_\_\_\_\_

If hired is there anything that may prevent you from reporting to work each scheduled day on time?  Yes  No If yes, Please explain: \_\_\_\_\_

**MISCELLANEOUS**

Have You previously worked for us?  Yes  No

If yes, dates: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Location: \_\_\_\_\_ Name of Immediate Supervisor: \_\_\_\_\_

Do you have family/relatives that work for us?  Yes  No  
 If yes, please state their name, relationship to you and where they work. \_\_\_\_\_

Are you able to perform all the essential functions of the job for which you are applying with or without accommodation?  Yes  No

If hired, do you agree to abide by the safety rules of the company?  Yes  No

Have you ever been denied a driver's license, or had you license revoked or suspended?  Yes  No If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony within the last 10 years?  Yes  No  
 Have you been released from prison/jail as a result of a crime for which you were convicted (felony or misdemeanor) within the last 10 years?  Yes  No  
 If you answer yes to either question, please indicate the charge, place and action taken. \_\_\_\_\_

**WORK HISTORY**

**Company Use Only**

Have you ever worked before?  Yes  No

Begin with your most recent employer and account for your last three jobs or the last seven years. If you worked under a different name please indicate.

**Interviewer 1**

**Interviewer Guide Results**

Date

**1**

Employer's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Dates of employment (Month/Day/Year)

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Position/Duties  Full Time  Part Time Name of Immediate Supervisor

\_\_\_\_\_

Reason for leaving \_\_\_\_\_ Hourly Pay Starting \_\_\_\_\_

\_\_\_\_\_ Present /Final \_\_\_\_\_

**2**

Employer's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Dates of employment (Month/Day/Year)

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Position/Duties  Full Time  Part Time Name of Immediate Supervisor

\_\_\_\_\_

Reason for leaving \_\_\_\_\_ Hourly Pay Starting \_\_\_\_\_

\_\_\_\_\_ Present /Final \_\_\_\_\_

**3**

Employer's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Dates of employment (Month/Day/Year)

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Position/Duties  Full Time  Part Time Name of Immediate Supervisor

\_\_\_\_\_

Reason for leaving \_\_\_\_\_ Hourly Pay Starting \_\_\_\_\_

\_\_\_\_\_ Present /Final \_\_\_\_\_

**Interviewer 2**

**Interviewer Guide Results**

Date

**APPLICANT SIGNATURE**

**Please read the following paragraphs very carefully before signing this application.**

I certify that to the best of my knowledge and belief, the statements made by me in this application are correct and complete without omission of any kind. I understand that any false information I give when applying for employment, whether in this application or otherwise, will cause termination of my employment, regardless of when discovered. You are hereby authorized to investigate all statements made in this application, except for any information about disability and medical conditions or treatment, which is prohibited by the Americans with Disabilities Act.

I further agree that I do not have an employment contract and that my employment can be terminated or modified with or without notice or cause at any time by the company or me.

**Applicant's Signature**

**Date**

\_\_\_\_\_