

**APPLICATION FOR EMPLOYMENT**

(An Equal Opportunity Employer)

Name

Last First Middle

Current Home Address

Street City State

Home Phone Number ( ) Business Phone Number ( )

Position Desired Available Start Date

Hours and Days Available:

Are you legally eligible to be employed for an indefinite period in the United States? [ ] Yes [ ] No

If not, can you provide documentation authorizing you to work in the U.S. upon employment? [ ] Yes [ ] No

Are you at least eighteen (18) years of age: [ ] Yes [ ] No

Have you been convicted of a felony or misdemeanor\* [ ] Yes [ ] No

If yes, explain:

\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

Have you ever been employed by Lucky’s?

[ ] Yes [ ] No If yes, when and at what location:

**EDUCATION**

Name & Location Did You Graduate? Degree Major

High School

College

List other training, License, Certification

**MILITARY SERVICE INFORMATION**

Branch of Service: Period of Active Duty (Month & Year)

Rank at Discharge: Date of final Discharge:

**EMPLOYMENT:** List below previous employers, starting with the last one first

 **Company Name:**

Telephone ( )\_

Address:

Employed (Month and Year)

From:\_

To:\_

Name of Supervisor: Pay Rate: hourly/monthly/annual Job Duties:

 Start $

Last $

Job Title: Reason for Leaving

May we contact this company for a reference? [ ] YES [ ] NO

 **Company Name**:

Telephone ( )

Address:

Employed (Month and Year)

From:\_

To:\_

Name of Supervisor: Pay Rate: hourly/monthly/annual Job Duties:

 Start $

Last $

Job Title: Reason for Leaving:

May we contact this company for a reference? [ ] YES [ ] NO

 **Company Name:**

Telephone ( )\_

Address:

Employed (Month and Year)

From:\_

To:\_

Name of Supervisor: Pay Rate: hourly/monthly/annual Job Duties:

 Start $

Last $

Job Title: Reason for Leaving:

May we contact this company for a reference? [ ] YES [ ] NO

*In making this application, it is understood that an investigative report may be made, in which information may be obtained through my driver’s license, personal interviews with business associates or other third parties with whom I am acquainted. I certify t hat the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, false statements on this application or omissions or misrepresentations of requested information may lead to denial of or termination of employme nt. I authorize investigation of all such statements contained herein and the references listed to give you information concerning my previous employment, and release all parties from any liability that may result from furnishing the same to you. By signing this auth orization, I hereby acknowledge that I am fully aware of and understand all of the terms and conditions herein stated and that this authorization is my free act and deed. I understand that if I am employed that I will be employed at will. I understand that I will not be employed for any definite period of time and that my employment may be terminated at any time for no reason or for any reason, solely at the discretion of the Company. I may also terminate my employment at any time. Applications are kept active for 60 days after which you must reapply.*

Applicant Signature Date