

# Miracle's



## **Application for Employment:**

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Name \_\_\_\_\_  
Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) ● Yes ● No

Are you looking for full-time employment? ● Yes ● No

Are you looking for part time employment? ● Yes ● No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes ● No

If yes, please describe \_\_\_\_\_

## **Employment Desired**

Position applied for \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

Have you ever applied for employment here? ● Yes ● No

When? \_\_\_\_\_

**Have you ever been employed by this company?** ● Yes ● No

When? \_\_\_\_\_

Where? \_\_\_\_\_

Are you presently employed? ● Yes ● No

May we contact your present employer? ● Yes ● No

When can you start? \_\_\_\_\_

Desired position \_\_\_\_\_

Desired starting salary \_\_\_\_\_

Please list applicable skills \_\_\_\_\_

**Education:**

School Name and Location \_\_\_\_\_ Year \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_  
High School \_\_\_\_\_  
College \_\_\_\_\_  
Other Training \_\_\_\_\_

In addition to your work history, are there are other skills, qualifications, or experience that we should consider? \_\_\_\_\_

**Employment History (Start with most recent employer)**

**Company Name** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? • Yes • No

Responsibilities \_\_\_\_\_

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

**Company Name** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? • Yes • No

Responsibilities \_\_\_\_\_

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

**Company Name** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? • Yes • No

Responsibilities \_\_\_\_\_

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

**Company Name** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? • Yes • No

Responsibilities \_\_\_\_\_

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

**References**

List three personal references, not related to you, who have known you for more than one year.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Years Known \_\_\_\_\_

Address \_\_\_\_\_

**Emergency Contact**

In case of emergency, please notify:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

**Please Read Before Signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature \_\_\_\_\_

Date \_\_\_\_\_