



FAIR MARKET INC APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name: _____ Date: _____

Other names used: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Number: (____) _____

Position desired? _____

Emergency Contact Name, Relationship, Phone # _____

Can you perform the essential functions of the position for which you are applying?
YES [] NO [] If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When are you available to begin work? _____ Part time or Full Time? _____

Are you legally eligible to be employed in the United States? YES NO []
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES [] NO []
(If no, you may be required to provide authorization to work.)

Have you ever worked for this Company before? YES [] NO []

If yes, where? _____ When? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for the Company? YES [] NO [] If yes, who and where do they work? _____

How many days of work have you missed in the last three years due to reasons other than holidays and paid time off?

Have you ever pled guilty to or "no contest" to or been convicted of a misdemeanor or felony? If so, please give dates and details. _____

Are you available to work: DAYS [] NIGHTS [] WEEKENDS [] FULL TIME [] If you cannot work full time, please explain:

Do you have reliable transportation to and from work? YES [] NO []

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ Days and Hours Available:(If employed, notification must be provided in writing should availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? YES [] NO []

If yes, may we contact your employer? YES [] NO []

If presently employed, why are you considering leaving?

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? YES [] NO [] If yes, please describe:

EMPLOYMENT

Start with your current or most recent position and provide 15 years

Name of Employer (1)		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year	To Month/Day/Year	
Describe the Work Performed			

Name of Employer (2)		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year	To Month/Day/Year	
Describe the Work Performed			

Name of Employer (3)		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year	To Month/Day/Year	
Describe the Work Performed			

Use an additional sheet of paper if more space is necessary.

PERSONAL REFERENCES

Give two references (not relatives or employers)

1. Name	Occupation

Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number
2. Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number

We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any prior employer or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice. I also understand the Employer reserves the right to require me to submit to a test for the presence of alcohol or drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon my passing of a physical exam and a test for the presence of alcohol or drugs, to be performed by a doctor selected by Employer. I consent to the disclosure of the results of any physical examination and related tests to Employer. Should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.

Signed: _____ Date: _____