

Marks Carry Out Employment Application

(Please Print)

Date: _____

Name: _____

Address: _____

Phone #: **Home:** _____ **Cell: -** _____

Date of Birth: _____

Soc. Security #: _____

Previous Employment

1. Company Name: _____

Job Description: _____

Supervisor Name: _____

Phone Number: _____

2. Company Name: _____

Job Description: _____

Supervisor Name: _____

Phone Number: _____

3. Company Name: _____

Job Description: _____

Supervisor Name: _____

Phone Number: _____

References

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

3. Name: _____ Phone #: _____

Are you available to work all shifts and weekends: yes ____ No ____

Have you ever been involuntarily terminated or asked to resign: yes ____ No ____

Are you a citizen of the U.S or authorized to work in the U.S.: Yes ____ No ____

If selected to work are you willing to submit to a pre-employment drug screening test: Yes ____ No ____

Have you ever been convicted of a felony: Yes ____ No ____

Desired Wage or Salary: \$ _____

On what date are you available for work: _____

I hereby certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____