



APPLICATION FOR EMPLOYMENT

THIS BUSINESS USES **EVerify** IN ITS HIRING PRACTICES

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER- EVerify	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE	REFERRED BY		

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START	SALARY DESIRED
SHIFT PREFERENCE:	DAY: 7AM-3:30PM	SWING: 3:30PM-MIDNIGHT	GRAVE: MIDNIGHT TO 7AM
ARE YOU AVAILABLE FOR OVERTIME WORK?	HOW OFTEN/MANY HOURS PER WEEK?		
CAN YOU WORK WEEKENDS?	CAN YOU OCCASSIONALLY SUBSTITUTE ON OTHER SHIFTS?		
MEANS OF TRANSPORTATION TO WORK?	DRIVERS LICENSE & STATE	RECENT ACCIDENTS/MOVING VIOLATIONS?	

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

REFERENCES – Please do not include relatives

NAME	PHONE NUMBER	BUSINESS/OCCUPATION	YEARS KNOWN

*We are an **equal opportunity employer**. Applicants are considered for positions without regard on race, religious creed (including religious dress and grooming practices), color, national origin (includes language use and possession of a driver's license issued to persons unable to prove their presence in the United States is authorized under federal law), ancestry, physical disability, mental disability, medical condition, genetic information, registered domestic partner status, marital status, sex (including pregnancy), gender, gender identity, gender expression, age for individuals over forty years of age, sexual orientation, military and veteran status of any person, or any other consideration made unlawful by federal, state or local laws ("protected characteristics"). **YOU MUST BE AUTHORIZED TO WORK IN THE UNITED STATES.***

EMPLOYMENT HISTORY - START WITH YOUR CURRENT OR LAST JOB, INCLUDE ARMED FORCES & SELF EMPLOYMENT

1 EMPLOYER	TELEPHONE	SUPERVISOR'S NAME
TYPE OF BUSINESS	ADDRESS	
POSITION	DATES EMPLOYED	AVERAGE HOURS PER WEEK
DUTIES		
REASON FOR LEAVING		
CAN WE CONTACT YOUR CURRENT EMPLOYER FOR A REFERENCE? YES _____ NO _____		
2 EMPLOYER	TELEPHONE	SUPERVISOR'S NAME
TYPE OF BUSINESS	ADDRESS	
POSITION	DATES EMPLOYED	AVERAGE HOURS PER WEEK
DUTIES		
REASON FOR LEAVING		
3 EMPLOYER	TELEPHONE	SUPERVISOR'S NAME
TYPE OF BUSINESS	ADDRESS	
POSITION	DATES EMPLOYED	AVERAGE HOURS PER WEEK
DUTIES		
REASON FOR LEAVING		
4 EMPLOYER	TELEPHONE	SUPERVISOR'S NAME
TYPE OF BUSINESS	ADDRESS	
POSITION	DATES EMPLOYED	AVERAGE HOURS PER WEEK
DUTIES		
REASON FOR LEAVING		

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. If hired, I agree to conform to the rules and regulations of the company, and I understand that the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of Employment At-Will."

APPLICANT
SIGNATURE _____ DATE _____

Revised 6/2023

Final instructions: Please email your resume and job application to HR@Merrills.com.