

Application for Employment

Complete by typing in the fields or by printing neatly.

MERIDIAN SUN GC



Position(s) Applied For _____ Date of Application ____/____/20__

Preferred Store/Location: 1st Choice _____ 2nd Choice _____

Name _____

Last, First Middle

Address _____

Street, City, State Zip Code

Telephone (____) _____ E-mail _____ Contact me by phone e-mail

If you are under 18, can you furnish a work permit? YES NO

Have you been employed here before? YES NO

Are you legally eligible for employment in this country? YES NO

(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work ____/____/20__

Type of employment desired Full Time Part Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position? YES NO

Have you been convicted of a felony in the last seven (7) years? YES NO

(Such conviction may be relevant if job related, but does not necessarily bar you from employment.)

If yes, please explain: _____

Driver's license number (if required by job) _____ State _____

Employment History

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience.

From (date)	To (date)	Employer	Telephone
			- -
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	Final \$
		Start \$ _____ per _____	_____ per _____
From (date)	To (date)	Employer	Telephone
			- -
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	Final \$
		Start \$ _____ per _____	_____ per _____
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From (date)	To (date)	Employer	Telephone
			- -
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	Final \$
		Start \$ _____ per _____	_____ per _____

AN EQUAL OPPORTUNITY EMPLOYER

Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company. _____

Educational Background

Name and Location	Years Completed	Did You Graduate?		Course of Study
		Major	Degree	
High School				
College				
Other				

References

Name	Telephone	Years Known
Professional	Include Area Code	
Professional	Include Area Code	
Personal	Include Area Code	

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information, and all other persons, corporations, or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I, _____
 Applicant _____
 Address _____
 City _____ State _____ Zip _____

I agree that my electronic signature on this application is binding and enforceable, as if I had signed a paper copy. I acknowledge and agree that by submitting this electronic signature, I waive all rights to dispute the validity of my signature on this application.

Signature of Applicant _____ Date ____/____/20____

Notes: _____