



STANSFIELD VENDING INC.

Employment Application

Personal

Name _____
(Last) (First) (Middle)

Current Address _____ From _____ To _____
(Street) (City) (State) (Zip)

Previous Address _____ From _____ To _____
(Street) (City) (State) (Zip)

Current Telephone (_____) _____ Alternate Telephone (_____) _____

Position you are applying for _____ Date you can start _____

Type of employment you are seeking Full Time Part Time Temporary - Until _____

Total number of hours desired per week _____ Wage expected _____

Please check all of the days that you are available to work
 Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Please check all of the times that you are able to work
 Mornings Afternoons Evenings Nights

Availability EXCEPTIONS _____

Have you ever worked for Stansfield Vending Inc.? Yes No Dates of Employment _____

Reason for leaving? _____

What prompted you to apply at Stansfield Vending Inc.?
 Mailer Radio Walk-In Newspaper Ad School Store Signage Employment Agency
 Career Fair Employee Referral (name) _____
 Other, please specify _____

Education

School Name/Location	High School				Undergraduate College/University				Other Education			
	9	10	11	12	1	2	3	4	1	2	3	4
Last Year Completed												
GED/Diploma/Degree												
Describe any extra-curricular activities, clubs, hobbies, etc.												

General

Are you 18 years of age or older? Yes No

Do you have access to some reliable form of transportation? Yes No

If employment is offered, can you submit verification of your legal right to work in the United States? Yes No

Have you ever been convicted of a crime? Yes No

If yes, for what offense(s) have you been convicted, when and where? _____

The existence of a conviction record(s) does not constitute an automatic bar to employment. Your conviction record(s) will be considered only as it may substantially relate to the job for which you are applying.

Employment History

EMPLOYER	Dates Employed		Job Duties/Responsibilities
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Supervisor	Supervisor's Title	Starting Final	
Job Title			List any disciplinary actions, write-ups or reprimands
Reason for Leaving	Employment Status		
	Full Time	Part Time	
How many days notice given before leaving?			

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How many days notice given before leaving?			

Employment History, *continued*

EMPLOYER	Dates Employed		Job Duties/Responsibilities
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Supervisor	Supervisor's Title	Starting Final	
Job Title			
Reason for Leaving	Employment Status		List any disciplinary actions, write-ups or reprimands
	Full Time	Part Time	
How many days notice given before leaving?			

EMPLOYER	Dates Employed		Job Duties/Responsibilities
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Supervisor	Supervisor's Title	Starting Final	
Job Title			
Reason for Leaving	Employment Status		List any disciplinary actions, write-ups or reprimands
	Full Time	Part Time	
How many days notice given before leaving?			

Additional Information

In addition to your work history, list any other job-related experiences, skills or qualifications you would like us to consider. Explain any gaps in your employment history.

References

List the names, addresses and telephone numbers of 2 references who are **NOT** related to you.

Name and Address	Telephone Numbers	Relationship and Years Known
Home	Home	
Address	Work	
Name	Home	
Address	Work	

Information Authorization

In consideration of Stansfield Vending Inc.'s review of my application for employment, I understand that Stansfield Vending Inc. will look to verify the information I have provided in this application for employment and that Stansfield Vending Inc. may conduct an investigation regarding my background. I authorize prior employers, references, others identified on my application or other third parties as sources of information regarding my character, qualifications, work history and background to provide information without limitations pertaining to those subjects. I release all parties and persons from any and all liability for any damages that may result from the furnishing of such information and release and hold harmless Stansfield Vending Inc. from any liability.

Signature of Applicant _____

Date _____

Driver's License

Driving a company vehicle may be a very important part of the job you are applying for, therefore we need your driver's license number. Your driving record WILL be checked if you are considered for employment, so please state any offenses in the past 10 years.

Driver's License # _____ State of Issue _____

Offenses (date and nature): _____

Employment Conditions

I certify that all of the information provided on this application is true to the best of my knowledge. I understand that any material misrepresentation or omission of material fact(s) on this application is cause for rejection of this application or later termination of my employment with Stansfield Vending Inc.

I understand that employment at Stansfield Vending is "at Will", which means that either the Company or I 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 understand that no supervisor, manager or executive of the Company, other than the president, has any authority to alter the foregoing.

I understand that any use or effect of illegal drugs or alcohol during working hours is grounds for immediate termination, as is any theft of company property.

I have read, understood and have agreed to all of the statements above.

Signature _____ Date of Application _____

Print your full name, middle initial and last name _____

Equal Opportunity Employer

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer _____ Date _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME AND TITLE DATE