



For Office Use Only
 Date Submitted: _____
 Received by: _____
 Interview Date: _____
 Specialty: _____

Application for Employment

Eat My Dust, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, or sensory disability, sexual orientation, or any other basis prohibited by federal, state, or provincial law. Please complete both pages and print all information in blue or black ink, unless otherwise noted.

PERSONAL INFORMATION

Name _____
 Last First Middle Other names which you worked or earned a degree

Are you over 18 years of age (circle one) Yes / No

Social Security Number _____ - _____ - _____ Are you authorized to work in the U.S. (circle one) Yes / No
 (All new hires will be required to provide proof of eligibility to work in the U.S.)

Phone Numbers Day (_____) _____ - _____ Evening (_____) _____ - _____
 Circle preferred number Cell (_____) _____ - _____ Other (_____) _____ - _____

Email Address _____

Current Address _____
 Number Street City State Zip

How long at current residence ____ months ____ years
 (list all address in the past five years)

Prior Address _____
 Number Street City State Zip

Prior Address _____
 Number Street City State Zip

Prior Address _____
 Number Street City State Zip

POSITION INFORMATION

Position Applied For: Light-Duty Vacuum Specialist Restroom Specialist Utility Specialist Other _____

Days/Hours Available To Work:

Specific Hours Available to Work	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
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No Preference

Employment Desired: Full-Time Only Part-Time Only Full or Part-Time

Date available for work: _____
 Number of hours available per week: _____
 Can you work nights? (circle one) Yes/No

BACKGROUND INFORMATION

Have you ever been convicted of a crime? (circle one) Yes / No
 If yes, please explain: _____

Do you use illegal drugs? (circle one) Yes / No

What is your means of transportation to work? _____

Do you have a current Driver's License? (circle one) Yes / No

Driver's license number _____ State of issue _____

Have you had any accidents during the past three years? (circle one) Yes / No
 If yes, how many? _____

Have you had any moving violations during the past three years? (circle one) Yes / No
 If yes, how many? _____

Have you ever been in the Armed Forces (circle one) Yes / No
 If yes, please list specialty and date entered and discharged: _____

Are there any events that would require extensive time away from work? (circle one) Yes / No
 If yes, please explain: _____

EDUCATION INFORMATION				
	School Name / Address	Last Year Completed	Did You Graduate?	Subjects Studied and Degrees Received
High School				
College				
Trade School				
Graduate School				

What languages do you read, write, and speak fluently? _____

WORK EXPERIENCE	
Please list your work experience for the past five years beginning with your most recent job held. Attach additional sheets if necessary.	
May we contact this employer? (circle one) Yes / No	
Name of Employer #1	Dates Employed
Name of Last Supervisor	Full Address, City, State, Zip
Last Job Title	Phone Numbers
Reason For Leaving (be specific)	Pay or Salary (Start / Final)
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	
May we contact this employer? (circle one) Yes / No	
Name of Employer #2	Dates Employed
Name of Last Supervisor	Full Address, City, State, Zip
Last Job Title	Phone Numbers
Reason For Leaving (be specific)	Pay or Salary (Start / Final)
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	
May we contact this employer? (circle one) Yes / No	
Name of Employer #3	Dates Employed
Name of Last Supervisor	Full Address, City, State, Zip
Last Job Title	Phone Numbers
Reason For Leaving (be specific)	Pay or Salary (Start / Final)
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

REFERENCES AND AUTHORIZATION					
Please list three professional references whom you have known for at least one year:					
Name	Address & Phone Number	Company	Position	How Do You Know This Person?	Years Acquainted
1.					
2.					
3.					
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Please attach a resumé or an additional sheet to summarize additional information necessary to describe your qualifications for the position for which you are applying.					
I hereby authorize Eat My Dust, Inc. to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by Eat My Dust, Inc. to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of Eat My Dust, Inc. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate Eat My Dust, Inc. to hire me. I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or Eat My Dust, Inc. at any time without prior notice for any reason. I understand that Eat My Dust, Inc. reserves the right to drug test all employees as a requirement for hiring or continued employment.					
Signature	Print Name			Date	