



Application For Employment

Griffs is an Equal Opportunity Employer

Personal Information:

Name :		Date of Birth :	Today's Date:
Present Address :	City	State	Zip Code
Permanent Address :	City	State	Zip Code
Phone Number : (HOME)	Phone Number : (CELL)		
Emergency Contact Person Name and Phone Number:			
Referred by: (Employee, Advertisement, Sign, or Other)			

Work Information:

Date Available to Start:	Are you currently Employed?	If So, May We Contact You Present Employer?
Wage Desired	Amount of Hours Desired Weekly	
Have you ever applied or worked for this company? If so, Where an When?		

Education:

	Name & Location of School	Years Attended	Date of Graduation
High School			
College			

Employment History:

Month & Year	Name, Phone #, Supervisor	Wage	Position	Reason For Leaving
From:				
To:				
From:				
To:				
From:				
To:				

	Monday	Tuesday	Wed.	Thursday	Friday	Saturday	Sunday
AM							
PM							

Please check the times you are available

Please list any other specific times, dates, or scheduling conflicts on back of application.