Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

For office use only:
Date: ____ / _____ / _____
Rate: _____

PERSONAL

Name _____ Telephone (_____) _____
Last First Middle area code

Social Security Number _____ - _____ - _____ If under 18, please list age: _____

Present Address _____ _____
Number & Street City State Zip Number of yrs.

Previous Address _____ _____
Number & Street City State Zip Number of yrs.

Are you legally eligible for employment in the U.S.A.? ❒ yes ❒ no

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony.? ❒ yes ❒ no If yes, please explain: _____

_____

_____

EDUCATION

SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS	DEGREE, MAJOR, OR DIPLOMA
HIGH SCHOOL				
COLLEGE				
OTHER				

EMPLYOMENT INTEREST

Position you are interested in: _____ Salary desired _____

Employment desired: ❒ full time only ❒ part-time only ❒ full or part-time

When available to start? _____

List the days and times you are available to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How many hours can you work weekly? _____

EMPLOYMENT HISTORY

Please list your work experience for your past three jobs beginning with your current or most recent job held.

Name of company or employer	Phone	Name of last supervisor	Employment Dates	Pay or Salary
Address			From To	Start Final
City State Zip		Your last job title:		

Reason for leaving (be specific):

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? ❒ yes ❒ no If no, explain: _____

Name of company or employer	Phone	Name of last supervisor	Employment Dates	Pay or Salary
Address			From To	Start Final
City State Zip		Your last job title:		

Reason for leaving (be specific):

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? ❒ yes ❒ no If no, explain: _____

Name of company or employer	Phone	Name of last supervisor	Employment Dates	Pay or Salary
Address			From To	Start Final
City State Zip		Your last job title:		

Reason for leaving (be specific):

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? ❒ yes ❒ no If no, explain: _____

REFERENCES

Please list two references other than relatives or previous employers.

Name _____ Position _____

Company _____ Phone (_____) _____

Address _____ Years known _____
Number & Street City State Zip

Name _____ Position _____

Company _____ Phone (_____) _____

Address _____ Years known _____
Number & Street City State Zip

ADDITIONAL INFORMATION

Have you ever filed an application with us before? ❒ yes ❒ no If yes, give date _____

Have you ever been employed with us before? ❒ yes ❒ no If yes, give date _____

Do you have a drivers license? ❒ yes ❒ no If yes, do you have reliable transportation? ❒ yes ❒ no

Can you travel if the job requires it? ❒ yes ❒ no Are you willing to relocate? ❒ yes ❒ no

Have you ever been in the armed forces? ❒ yes ❒ no

Are you now a member of the national guard? ❒ yes ❒ no

Date entered _____ Discharge date _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete backgound. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentation or omission of any material facts by me on this application will be sufficient cause for cancellation of this application or separation from the company if I have been employed. I give the company the right to investigate all references and secure additonal job-related information about my background. I release from liability the company's owners and its representatives for seeking such information and all other individuals, entities, and organizations for furnishing the information. I understand that any offer of employment may be contingent upon passing any job-related examination of testing (to include drug testing) required by the company. The company is an Equal Opportunity Employer that does not discriminate in employment. No question on this application will be used to limit or excuse any applicant's consideration for employment on a basis prohibited by local, state, or federal law. I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of this individual's need for an accommodation that would be required by local or state laws or the ADA.

Signature of Applicant _____ Date _____