



Application for Employment

Date: _____

Directions: Type or print in Blue or Black ink. Answer all questions which are applicable. Please do not state "See Resume".

Personal Information			
NAME (Last, First, MI)		SOCIAL SECURITY NO. (only applies when hired)	
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHONE NO(S).	EMAIL ADDRESS	REFERRED BY	

Employment Information			
POSITION		DATE YOU CAN START	SALARY DESIRED
1. HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	2. IF SO, WHEN?	
3. ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	4. IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. IF HIRED, CAN YOU SHOW PROOF OF YOUR LEGAL RIGHT TO WORK IN THE U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO	6. HAVE YOU EVEN BEEN DISMISSED OR ASKED TO RESIGN FROM ANY POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YOU ANSWERED YES TO QUESTION 6, PLEASE EXPLAIN:			

Education History			
NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	MAJOR FIELDS OF STUDY
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

General Information	
SUBJECTS OF SPECIAL STUDY / RESEARCH WORK OR SPECIAL TRAINING / SKILLS.	
U.S. MILITARY OR NAVAL SERVICE	RANK

Employment History (List the last four employers, starting with the last one first)			
DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

References (List the names & information of three persons NOT related to you, whom you have known at least one year)

NAME & ADDRESS	PHONE NUMBER(S)	RELATIONSHIP	YEARS KNOWN

Emergency Contact

In case of an emergency, please notify:

_____ Name / Relationship Phone No(s).

Authorization to transport you to

_____ Clinic / Hospital Tel. No.

Do you have a valid driver's license?

YES NO

Driver's License No: _____

Expiration Date: _____

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date: _____ Signature _____

For Office Use Only:

Remarks: _____

Neatness:		Ability:		
Hired:	For Dept.	Position:	Will Report:	Salary Wages

Interviewed By: _____ Date: _____