



# Application for Employment

Personal Information

Last Name	First	Middle	Date
Street Address			Social Security Number (    )
City	State	Zip	Home Telephone Number (    )
Position Desired	Date you can start	Salary Desired	Business Telephone Number
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
<input type="checkbox"/> yes <input type="checkbox"/> no	Are you legally eligible for employment in the United States?		Type of documentation
<input type="checkbox"/> yes <input type="checkbox"/> no	If employed, can you provide proof of age?		
<input type="checkbox"/> yes <input type="checkbox"/> no	Will you work overtime if asked?		
<input type="checkbox"/> yes <input type="checkbox"/> no	Are you available for full-time work?		
<input type="checkbox"/> yes <input type="checkbox"/> no	Are you currently employed?		
<input type="checkbox"/> yes <input type="checkbox"/> no	If so, may we inquire of your present employer.		
<input type="checkbox"/> yes <input type="checkbox"/> no	Can you perform the essential functions of the job with or without reasonable accommodation?		
<input type="checkbox"/> yes <input type="checkbox"/> no	Have you ever applied to this company before? If yes,		Location
	_____ month and year		
<input type="checkbox"/> yes <input type="checkbox"/> no	Have you ever pled guilty to or been convicted of a crime, excluding minor traffic violations?		
	If yes, describe in full [A "yes" will not necessarily disqualify you from consideration].		
_____			
_____			
_____			

Education

School	Name & Location	# of Years Attended	Did You Graduate	Subjects Studied
Elementary			<input type="checkbox"/> yes <input type="checkbox"/> no	
High School			<input type="checkbox"/> yes <input type="checkbox"/> no	
College			<input type="checkbox"/> yes <input type="checkbox"/> no	
Graduate			<input type="checkbox"/> yes <input type="checkbox"/> no	
Business, Trade, Technical, Other			<input type="checkbox"/> yes <input type="checkbox"/> no	
Corresp. Or Night School			<input type="checkbox"/> yes <input type="checkbox"/> no	

Subjects of special study/research work or special training/skills

\_\_\_\_\_

\_\_\_\_\_

Employer is an Equal Opportunity employer. We recruit, hire and promote employees without regard to race, religion, national origin, sex, age, disability or veteran status. Individuals with disabilities who need assistance completing this application should contact the corporate office.

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**1** ( )

Company Name	Name of Supervisor	Telephone Number
Street Address		Employed From: To:
City	State	Zip
State Job Title and Describe Your Work		Reason For Leaving
		Starting Pay: Ending Pay:

**2** ( )

Company Name	Name of Supervisor	Telephone Number
Street Address		Employed From: To:
City	State	Zip
State Job Title and Describe Your Work		Reason For Leaving
		Starting Pay: Ending Pay:

**3** ( )

Company Name	Name of Supervisor	Telephone Number
Street Address		Employed From: To:
City	State	Zip
State Job Title and Describe Your Work		Reason For Leaving
		Starting Pay: Ending Pay:

We may contact the employers listed above unless you indicate those you do not want us to contact.

**DO NOT CONTACT:** Employer Number(s) Reason:

I hereby certify that this application and that the information given by me is true and complete to the best of my knowledge and belief, and I understand that falsification or material omissions will disqualify my application, and if hired, will be grounds for dismissal if later discovered.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future and that either the employer or I can terminate employment at any time for any or no reason.

I understand that employer maintains a drug free workplace and that I will be required to submit to a drug and/or alcohol screening and will be disqualified from consideration if I test positive. If hired, I will be subject to the Employer's drug and alcohol testing policies.

I consent to allow the employer to contact the persons listed on this application and I waive any claim for damages against such persons who provide information to the employer unless such information is knowingly false.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

----- **FOR EMPLOYER'S USE ONLY** -----

**REFERENCE CHECK:**

	Employer	Person Contacted	Notes:
1			
2			
3			

NOTES:

\_\_\_\_\_  
Interviewed By

\_\_\_\_\_  
Date