

Application for Employment

Personal Information	
Social Security Number _____	Date _____
Name	
Last	First
Middle	
Present Address	
Street	City
State	Zip
Permanent Address	
Street	City
State	Zip
Phone Number (home) _____	(other) _____
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain in full on back of application.	
Employment Desired	
Position: _____	
Date you can start: _____	Salary Desired: _____ (circle one) per hour/year
Are you currently employed? YES/NO (circle one)	If so, may we contact your present employer? YES/NO (circle one)
Have you ever applied to this company before? YES/NO (circle one)	If so, when and at what location?
Are you interested in: Full time / Part time? (circle one)	

Education	Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studied and Degree Received
Grammar School	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, Correspondence or Technical School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list any licenses, languages, skills, special studies, research or knowledge that you may have:

Former Employers: Beginning with your present or most recent employment or volunteer experience and working backward, list all positions held which are necessary for determining your eligibility for employment. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) you personally perform(ed). You must fill this section out completely, even if a resume is being attached.

Date Month/Year	Name, address and telephone number of employer	Supervisor's Name	Salary	Describe Duties	Reason for Leaving
From ----- To	-----				
From ----- To	-----				
From ----- To	-----				
From ----- To	-----				

Professional references: Give below the name of three people not related to you, whom you have known for at least one year.

Name	Address	Telephone Number	Years Acquainted

Authorization: "I hereby 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 and otherwise, and release the company from all liability from any damage that may result from utilization of any such damage. 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 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