

Application for Employment

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address				
Name: (Last, First, MI):	Social Security Number:			
Mailing Address:				
City, State, and Zip Code				
Telephone:	Alternate Telephone:			
If under 18, please list age	Email:			
Additional Information				
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please leave copy of license with application)</i>	Driver's license number:	Issued in what state?		
I certify that I am a U.S. citizen, permanent resident, or a foreign national authorized to work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been convicted of a felony within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain:				
Job Type				
Position:	Date you can start:	Desired salary:		
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving:				
Name of last supervisor:				
How were you referred to this company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Friend				
<input type="checkbox"/> State Employment Office <input type="checkbox"/> Other:				
Education				
School Name	Location	Years Completed	Did you Graduate?	Subject Studied
Grammar School				
High School				
College(s)				
Trade, Business or Correspondence School				
Military				
Branch of Service:	Are you actively serving? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Rank/Grade:	If no, date of discharge:			

Work Experience

List below your last three employers, starting with the most recent one first

Company:	Job Title:	Supervisor's Name and Title and Phone #:
Address:	Starting Date:	Leaving Date:
City, State and Zip Code:	Starting Salary:	Ending Salary:
Description of Work:		
Reason for Leaving:		
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company:	Job Title:	Supervisor's Name and Title and Phone #:
Address:	Starting Date:	Leaving Date:
City, State and Zip Code:	Starting Salary:	Ending Salary:
Description of Work:		
Reason for Leaving:		
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company:	Job Title:	Supervisor's Name and Title and Phone #:
Address:	Starting Date:	Leaving Date:
City, State and Zip Code:	Starting Salary:	Ending Salary:
Description of Work:		
Reason for Leaving:		
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		

References

Give the names of three persons you are not related to, whom you have known at least one year.

Name	Address	Business	Years Known
1.			
2.			
3.			

Authorization

I certify that the facts contained in the 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 and all information concerning my previous employment and may 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 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.

Signature: _____

Date: _____