

Application for Employment

Have you applied with our company before?

YES

NO

PERSONAL INFORMATION

Name (Last, First, MI)		Date of Application:		
Present Address	Apt No.	City	State	Zip
Permanent Address	Apt No.	City	State	Zip
Are you 18 Years or Older? <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone		
Do you have a Valid Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have reliable transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Email		

LAST

DESIRED EMPLOYMENT

Position	Date You Can Start	Salary Desired
Ever Worked for This Company Before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where?	When?
Reason for Leaving		
Name of Last Supervisor at this Company		
Who Referred You To this Company? <input type="checkbox"/> State Employment Office <input type="checkbox"/> Online Advertising <input type="checkbox"/> Friend <input type="checkbox"/> Other		

FIRST

MIDDLE

EDUCATION

School Level	Name and Location of School	Subject Studied	No. of Years Attended	Did You Graduate?
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO
College				<input type="checkbox"/> YES <input type="checkbox"/> NO
Trade, Business or Correspondence School				<input type="checkbox"/> YES <input type="checkbox"/> NO

SKILLS

Special Skills/Training

FORMER EMPLOYERS

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

Name of Present or Last Employer

Address

City

State

Zip

Starting Date

Ending Date

Job Title

Phone

May We Contact Your
Supervisor?

YES NO

Supervisor/Title

Description of Work

Reason for Leaving

Name of Previous Employer

Address

City

State

Zip

Starting Date

Ending Date

Job Title

Phone

May We Contact Your
Supervisor?

YES NO

Supervisor/Title

Description of Work

Reason for Leaving

Name of Previous Employer

Address

City

State

Zip

Starting Date

Ending Date

Job Title

Phone

May We Contact Your
Supervisor?

YES NO

Supervisor/Title

Description of Work

Reason for Leaving

REFERENCES

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

	Name	Phone	Occupation	Years Acquainted
1				
2				
3				

SERVICE RECORD

Branch of Service	Duties	Rank	Discharge Date

PERSONAL DATA

Citizenship: Will you be able to provide proof of identity and employment eligibility if hired?

YES NO

AUTHORIZATION

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. IF EMPLOYED, I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. I UNDERSTAND THAT IF I AM EXTENDED AN OFFER OF EMPLOYMENT IT MAY BE CONDITIONED UPON MY SUCCESSFULLY PASSING A COMPLETE PRE-EMPLOYMENT PHYSICAL EXAMINATION AND BACKGROUND CHECK. I CONSENT TO RELEASE OF ANY OR ALL MEDICAL INFORMATION AS MAY BE DEEMED NECESSARY TO JUDGE MY CAPABILITY TO DO WORK FOR WHICH I AM APPLYING. I RELEASE MY PREVIOUS EMPLOYERS, THE SCHOOLS I ATTENDED, AND THE PEOPLE I HAVE NAMED AS REFERENCES FROM ALL LIABILITY FOR ANY DAMAGES ARISING FROM THEIR RESPONSES TO THE COMPANY'S INVESTIGATION. I AGREE TO COMPLY WITH THE EMPLOYER'S SUBSTANCE ABUSE PROGRAM, INCLUDING DRUG AND/OR ALCOHOL TESTING AS MAY BE REQUIRED PRIOR TO EMPLOYMENT.

IF EMPLOYED, I AGREE TO CONFORM TO THE RULES OF THIS COMPANY, AND HEREBY ACKNOWLEDGE THAT MY EMPLOYMENT WITH THE COMPANY CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, AT THE OPTION OF EITHER MYSELF OR THE COMPANY. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT NOTHING CONTAINED IN ANY EMPLOYEE HANDBOOK OR POLICY STATEMENT NULLIFIES OR MODIFIES THE FOREGOING EMPLOYMENT AT WILL POLICY.

Date

Applicant's Signature