

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

Last Name:		First:		M.I.:	Date of Birth:	
Street Address:				Social Security No.: ____ / ____ / ____		
City:		State:		ZIP:		
Phone:		Phone:				
Date Available:			Desired Salary:			
Position Applied for:						
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		

EDUCATION

High School			City:		State:	
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
College:			City:		State:	
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:			City:		State:	
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	

REFERENCES (Please list three professional references, not related to you, whom you have known for at least two years.)

Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			

PREVIOUS EMPLOYMENT (Please list previous employment, beginning with most recent)

Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, please explain:		

EMERGENCY CONTACT

Contact Name:	Address:	
Home Phone:	Cell Phone:	Work Phone:

DISCLAIMER AND SIGNATURE

The **undersigned** certifies the above answers are true and complete to the best of **undersigned's** knowledge. The **undersigned** authorizes investigation into all statements contained herein. The **undersigned** recognizes that any misrepresentation or omission of facts called for is cause for disqualification and/or termination.

Upon commencement of employment, the **undersigned** recognizes and agrees employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time without previous notice.

Signature:

Date: ____ / ____ / ____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS BOX

Employment Approved by:

Date of Employment: ____ / ____ / ____

Position Assigned:

Wages / Salary: