

EMPLOYMENT APPLICATION

DATE:

NAME:

ADDRESS:

STATE/PROVINCE:

ZIP/POSTAL CODE:

SS NUMBER:

HOME PHONE:

CELL PHONE:

POSITIONS APPLIED FOR:

SALARY DESIRED:

HOURS AVAILABLE TO WORK:

MONDAY	<input type="text"/>
TUESDAY	<input type="text"/>
WEDNESDAY	<input type="text"/>
THURSDAY	<input type="text"/>
FRIDAY	<input type="text"/>
SATERDAY	<input type="text"/>
SUNDAY	<input type="text"/>

FULL-TIME PART-TIME FULL OR PART-TIME

WHEN AVAILABLE TO BEGIN WORK?

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
HIGH SCHOOL	<input type="text"/>	<input type="text"/>	<input type="text"/>
COLLEGE BUS. OR TRADE SCHOOL	<input type="text"/>	<input type="text"/>	<input type="text"/>
PROFESSIONAL SCHOOL	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>

HAVE YOU EVER BEEN CONVICTED OF A CRIME: YES NO

IF YES, PLEASE EXPLAIN

DO YOU HAVE A DRIVERS LICENSE? YES NO

STATE OF ISSUE:

HAVE YOU HAD ANY ACCIDENTS IN THE PAST 3 YEARS? YES NO

HOW MANY?

DO YOU HAD ANY MOVING VIOLATIONS IN THE PAST 3 YEARS? YES NO

HOW MANY?



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PREVIOUS EMPLOYMENT (LIST UP TO 3)

1.

NAME OF EMPLOYER:

NAME OF LAST SUPERVISOR:

DATES OF EMPLOYMENT:

FROM:

TO:

SALARY:

FROM:

TO:

COMPLETE ADDRESS:

PHONE #:

LAST JOB TITLE:

REASON FOR LEAVING (BE SPECIFIC):

LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS, OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY:

MAY WE CONTACT YOUR EMPLOYER: YES NO

2.

NAME OF EMPLOYER:

NAME OF LAST SUPERVISOR:

DATES OF EMPLOYMENT:

FROM:

TO:

SALARY:

FROM:

TO:

COMPLETE ADDRESS:

PHONE #:

LAST JOB TITLE:

REASON FOR LEAVING (BE SPECIFIC):

LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS, OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY:

MAY WE CONTACT YOUR EMPLOYER: YES NO



CONTINUE ON THE NEXT PAGE

3.

NAME OF EMPLOYER:

NAME OF LAST SUPERVISOR:

DATES OF EMPLOYMENT:

FROM:

TO:

SALARY:

FROM:

TO:



COMPLETE ADDRESS:

PHONE #:

LAST JOB TITLE:

REASON FOR LEAVING (BE SPECIFIC):

LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS, OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY:

MAY WE CONTACT YOUR EMPLOYER: YES NO

SKILLS:

TYPING:

COMPUTER:

PC

Mac

Both

APPLICATIONS (LIST ALL THAT APPLY):

OTHER SKILLS:

PLEASE LIST 2 REFERENCES OTHER THAN RELATIVES AND PREVIOUS EMPLOYERS

NAME		
POSITION		
COMPANY		
TELEPHONE		

USE THIS SPACE TO ADD ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS FOR THE POSITION WHICH YOU ARE APPLYING:

I 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 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 ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORGOING, UNLESS IT IS IN 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 FEDERA AND STATE LAWS.

APPLICANT'S SIGNATURE

DATE