



# APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

DATE \_\_\_\_\_

FULL NAME (LAST, FIRST, MI)		SOCIAL SECURITY No.	
CURRENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE No.	2 <sup>ND</sup> PHONE No.	REFERRED BY	
EMAIL ADDRESS			

## EMPLOYMENT DESIRED

POSITION	START DATE	SALARY DESIRED
EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO	LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

## EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL /GED				
COLLEGE				
TRADE SCHOOL, ETC.				

## FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT)

DATE (MO/YEAR)	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

## ELIGIBILITY

HAVE YOU EVER BEEN CONVICTED OF A FELONY?	
DO YOU HAVE ANY OTHER SPECIFIC SKILLS TO OFFER?	

## REFERENCES (GIVE BELOW THE NAMES OF THREE PEOPLE NOT RELATED TO YOU WHO YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	ADDRESS	RELATION	YEARS KNOWN



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## AUTHORIZATION

"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 SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT TO THE CONTRARY TO THE FOREGOING, 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 FEDERAL AND STATE LAWS."

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**Do Not Write Below This Line**

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\_\_\_\_\_  
DATE

\_\_\_\_\_  
INTERVIEWED BY

## REMARKS

NEATNESS		CHARACTER
PERSONALITY		ABILITY
HIRED	POSITION	SALARY

**APPROVED:**

\_\_\_\_\_  
HIRING MANAGER