



**EMPLOYMENT APPLICATION**

DATE: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you 18 years old or older?  Yes  No Social Security #: \_\_\_\_\_

**DESIRED EMPLOYMENT**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Wage / Salary Desired: \_\_\_\_\_

Are you employed now?  Yes  No May we contact present employer  Yes  No

Ever Applied to this company before?  Yes  No Where? \_\_\_\_\_ When? \_\_\_\_\_

Ever Worked for this company before?  Yes  No Where? \_\_\_\_\_ When? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EDUCATION**

School Level	Name & Location of School	No. of Years Attended	Did you Graduate?	Subjects Study
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	

Subjects of Special Study: \_\_\_\_\_

Special Training: \_\_\_\_\_

Special Skills: \_\_\_\_\_



List below your last three employers, starting with most recent employer first.

**FORMER EMPLOYER**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Title: \_\_\_\_\_ May we Contact?  Yes  No

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Description of work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**FORMER EMPLOYER**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Title: \_\_\_\_\_ May we Contact?  Yes  No

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Description of work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



**FORMER EMPLOYER**

Name of Employer:

Address:

City:

State:

Zip:

Supervisor Name & Title:

Phone:

Your Title:

May we Contact?  Yes  No

Starting Date:

Ending Date:

Starting Wage:

Ending Wage:

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	Telephone	Relationship	Years Acquainted
1.			
2.			
3.			

Have you been convicted of a felony:  Yes  No

If yes, please explain. ( Will not necessarily exclude you from consideration):



**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 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: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_