

COMPANY NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

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

*All questions must be answered carefully and completely. If you have a resume, please attach to this application. PLEASE PRINT.*

## PERSONAL DATA

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

CHECK (✓) TYPE OF EMPLOYMENT DESIRED:  Full Time  Part Time  Temp

CHECK (✓) DAYS AVAILABLE:  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun.

HOURS AVAILABLE: \_\_\_\_\_ WILLING TO WORK OVERTIME?  YES  NO

GEOGRAPHIC PREFERENCE: \_\_\_\_\_

<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY ABLE TO WORK IN THE U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU OVER THE AGE OF 18?
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ABLE TO PERFORM ANY OR ALL JOB FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER USED ILLEGAL DRUGS?
<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU USED ILLEGAL DRUGS IN THE LAST 6 MO?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN A PREVIOUS EMPLOYEE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED OF A FELONY OR PLED NOLO CONTENDERE TO A FELONY?
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A PREVIOUS APPLICANT?		IF YES, DESCRIBE CONDITIONS:
(CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT)			

## WORK EXPERIENCE

Note: Start with most recent position, furnish dates and explanation for each period of employment and unemployment for the past 10 years. Use a separate sheet, if necessary.

<b>PRESENT/LAST EMPLOYER</b>	TYPE OF BUSINESS	ADDRESS	TELEPHONE
START DATE/LEAVE DATE	RATE OF PAY: _____ (CIRCLE IF WEEKLY, BI-WEEKLY, OR ANNUALLY)	REASON FOR LEAVING	
JOB TITLE	SUPERVISOR AND TITLE	MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE RESPONSIBILITIES			
<b>PREVIOUS EMPLOYER</b>	TYPE OF BUSINESS	ADDRESS	TELEPHONE
START DATE/LEAVE DATE	RATE OF PAY: _____ (CIRCLE IF WEEKLY, BI-WEEKLY, OR ANNUALLY)	REASON FOR LEAVING	
JOB TITLE	SUPERVISOR AND TITLE		
DESCRIBE RESPONSIBILITIES			
<b>PREVIOUS EMPLOYER</b>	TYPE OF BUSINESS	ADDRESS	TELEPHONE
START DATE/LEAVE DATE	RATE OF PAY: _____ (CIRCLE IF WEEKLY, BI-WEEKLY, OR ANNUALLY)	REASON FOR LEAVING	
JOB TITLE	SUPERVISOR AND TITLE		
DESCRIBE RESPONSIBILITIES			

**WORK EXPERIENCE CONTINUED**

PREVIOUS EMPLOYER	TYPE OF BUSINESS	ADDRESS	TELEPHONE
START DATE/LEAVE DATE	RATE OF PAY: _____ (CIRCLE IF WEEKLY, BI-WEEKLY, OR ANNUALLY)	REASON FOR LEAVING	
JOB TITLE	SUPERVISOR AND TITLE		
DESCRIBE RESPONSIBILITIES			
PREVIOUS EMPLOYER	TYPE OF BUSINESS	ADDRESS	TELEPHONE
START DATE/LEAVE DATE	RATE OF PAY: _____ (CIRCLE IF WEEKLY, BI-WEEKLY, OR ANNUALLY)	REASON FOR LEAVING	
JOB TITLE	SUPERVISOR AND TITLE		
DESCRIBE RESPONSIBILITIES			

**EDUCATION AND TRAINING**

Please complete all appropriate items.

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DEGREE EARNED	MAJOR/MINOR FIELDS OF STUDY
HIGH OR TRADE SCHOOL		DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS OR TECH SCHOOL		DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE(S)		DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER TRAINING (EXPLAIN)		DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**REFERENCES: List 3 business references (DO NOT LIST RELATIVES OR PERSONAL FRIENDS):**

NAME	TELEPHONE	ADDRESS	RELATIONSHIP
	( )		
	( )		
	( )		

**APPLICANT STATEMENT**

PLEASE READ BEFORE SIGNING BELOW: The facts set forth in my application are true and complete. I authorize my former employers to furnish all information pertaining to my work record. I hereby release my former employers from all liability on account of furnishing such information. I understand that if employed, false statements, omissions or misleading statements on this application, regardless of the time they are discovered, shall be considered sufficient cause for dismissal. I also agree that my employer shall not be held liable in any respect if my employment is terminated because of such omissions or false or misleading statements. The Company is hereby authorized to investigate my employment history, including contacting employers listed and to verify my education and training.

SIGNATURE: \_\_\_\_\_

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