



# APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

## APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		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	

How did you hear about us?

## EDUCATION

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

## REFERENCES

*Please list three professional references.*

Full Name		Relationship
Company		Phone ( )
Address		
Full Name		Relationship
Company		Phone ( )
Address		
Full Name		Relationship
Company		Phone ( )
Address		

## PREVIOUS EMPLOYMENT

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"/>					

List any other skills, training, qualifications, or experience that you have.

**PHYSICAL LIMITATION(S)**

Do you have any physical limitations or doctors restrictions that prevent you from performing the work for which you are being considered? YES  NO

If yes, please explain:

How can we accommodate your limitations:

In case of an emergency notify: (Name)

**MILITARY SERVICE**

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

**DISCLAIMER AND SIGNATURE**

Please read the following carefully to be considered for employment.

I (you) certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if I am employed by this company and falsified statements have been found on this application, it shall be grounds for dismissal.

I authorize investigation of all statements contained on this application and all other information I have supplied concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liabilities for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period of time and may be terminated at any time regardless of the date of payment of my wages and salary.

Signature

Date