



APPLICATION FOR EMPLOYMENT

The following information is requested in order to help us make the possible placement within the company. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form. The company, in accordance with date and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental handicap, height, weight or arrest record.

Date _____

Name _____
Last First Middle

Address _____
Street City State Zip

Phone Number _____ Are you 18 years or older? Yes No

Are you either a U.S. Citizen or an alien authorized to work in the United States? Yes No

Position _____ Date you can start? _____

Are you employed now? Yes No If so, may we inquire of your present employers? Yes No

Schedule Preferences: _____

High School (Name and location) _____

Did you complete? Yes No

College (Name and location) _____

Did you complete? Yes No Degree / Major _____

Trade, Business or Correspondence School (Name and location) _____

Did you graduate? Yes No Degree / Major _____

Special notes about your education _____

Special skills _____

Licensure/Certification/Registration information: _____

EMPLOYMENT RECORD

Please list most recent position first.

Dates	Name and Address of Employer	Job Title	Salary	Exact Reason for Leaving
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From			From	
To			To	
	Telephone	Supervisor		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No

From			From	
To			To	
	Telephone	Supervisor		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No

From			From	
To			To	
	Telephone	Supervisor		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No

From			From	
To			To	
	Telephone	Supervisor		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No

In case of emergency notify _____
Name
Address
Phone

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 therein and the employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties in accordance with the employee right to know act, from all liability 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 and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

Date _____ Signature _____

REFERENCE CHECK
 For employer's use only.

1. Employer _____ Person
Contacted _____
Date _____
Results _____

2. Employer _____ Person
Contacted _____
Date _____
Results _____

3. Employer _____ Person
Contacted _____
Date _____
Results _____

4. Employer _____ Person
Contacted _____
Date _____
Results _____