



APPLICATION FOR EMPLOYMENT

Personal Information		Date: _____	
Name (Last Name First)		Social Security No.	
Present Address	City	State	Zip Code
Phone No. ()	Referred By		
Date of birth			

Employment Desired		Date you can start	Salary Desired
Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of Your present employer? <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		Years Attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

Former Employers (List below last four employers, starting with last one first)

Date Month and Year	Name & Address of Employer	Salary	Position	Reason for Leaving	Telephone Number
From					
To					
From					
To					
From					
To					
From					
To					

General Information	
Subjects of Special Study/Research Work of Special Training/Skills	
U.S. Military or Naval Service	Rank

Background



Are you a citizen of the United States, If "No" give the country?	<input type="checkbox"/> Yes <input type="checkbox"/> No Country:
During the last 10 years, were you fired from any job for any reason, or did you quit after being told that you would be fired?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Have you ever been incarcerated or convicted of any crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

References

Name	Address	Business	Years Known	Telephone Number

Authorization

"I certify that the facts contained in this application are true and completed 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.

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: _____
 Interviewed by: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Remarks

Neatness			Character	
Personality			Ability	
Hired	For Dept	Position	Will Report	Salary Wages

APPROVED: (1) _____ (2) _____ (3) _____
 Employment Manager Department Head General Manager