

Application for Employment

Date: _____

Personal Information

Last Name		First Name		Middle	Social Security Number	
Street Address			Apt #	City		State Zip Code
Phone No: ()		Mobile: ()		Email:		
Emergency Contact Name		Emergency Contact Address			Emergency Contact Phone (include area code)	
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you either a U.S. Citizen or an Alien authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employment Desired

Position	Date you can start	Pay desired	
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational Co-Op			
Are you employed now? <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?
Ever worked for this company before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Reason for leaving?			
Name of last Supervisor at this company:			
Who referred you to this company? <input type="checkbox"/> Friend <input type="checkbox"/> Employment Agency <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Serv. <input type="checkbox"/> Other _____			
How did you learn about us? <input type="checkbox"/> Walk-in <input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Radio Station _____ <input type="checkbox"/> Referral _____ <input type="checkbox"/> Other _____			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		<small>Answering "Yes" to this question does not constitute an automatic bar from employment. Factors such as date of the offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into account.</small>	
Describe: _____			

Education

SCHOOL LEVEL	NAME & LOCATION	NO. YRS ATTEND	DID YOU GRADUATE	DEGREES / SUBJECTS
Elementary School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

General

Subjects of special study or research work
Special Training/Skills

Service Record

Branch of Service _____

Employment History (Please list your last three employers, beginning with the most recent)

Dates		Name of Employer	City	State	Telephone (include area code)
From	To				
Job Title		Pay Rate	Supervisor		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of work:					
Reason for leaving:					

Dates		Name of Employer	City	State	Telephone (include area code)
From	To				
Job Title		Pay Rate	Supervisor		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of work:					
Reason for leaving:					

Dates		Name of Employer	City	State	Telephone (include area code)
From	To				
Job Title		Pay Rate	Supervisor		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of work:					
Reason for leaving:					

References

NAME	ADDRESS	TELEPHONE (include area code)	YEARS ACQUAINTED

Authorization

I hereby certify that the information provided by me herein is true and complete. I acknowledge that any false or misleading information I provide herein or in an employment interview will be grounds to deny my application, or if discovered later, for immediate dismissal from employment. I authorize any use of the information contained herein by the employer for the purpose of verifying it. I authorize past employers, references and other persons to provide all information necessary to respond to any questions asked concerning my ability, character, and previous employment record. I release and forever discharge all such entities, persons and the employer from any and all liability arising from furnishing or requesting information about me. I understand and agree that if hired my employment will be at the will of both the employer and myself, and will be terminable by either, without notice, at any time except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. If hired, I agree that any claim or lawsuit relating to my employment must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature _____ Date _____

