

Application for Employment

PLEASE COMPLETE THIS EMPLOYMENT APPLICATION THOROUGHLY. WHEN A QUESTION IS NOT APPLICABLE, INSERT N/A.

DATE: _____ POSITION APPLYING FOR: _____

1. NAME: _____ SS# _____
LAST FIRST M.

2. DO YOU PREFER TO WORK () FULL-TIME () PART-TIME TELEPHONE NO. () _____

3. CURRENT ADDRESS _____
STREET CITY STATE ZIP CODE

	YES	NO
4. ARE YOU EIGHTEEN YEARS OF AGE OR OLDER?		
5. ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?		
6. IF IT IS REQUIRED, DO YOU HAVE AN AUTOMOBILE WHICH IS IN SAFE OPERATING CONDITION, AND DO YOU AGREE TO MAINTAIN YOUR AUTOMOBILE IN SAFE OPERATING CONDITION?		
7. CAN YOU SAFELY AND EFFECTIVELY CARRY OUT THE ESSENTIAL DUTIES OF THE JOB, WITH OR WITHOUT ACCOMODATION?		
8. DO YOU HAVE ANY FAMILY OR PERSONAL DUTIES, RESPONSIBILITIES, OR RELATIONSHIPS WHICH WOULD IN ANY WAY EFFECT YOUR AVAILABILITY FOR WORK OR YOUR ABILITY TO COMPLY WITH THE EMPLOYER'S SCHEDULE?		
9. HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, WHAT YEAR? NATURE OF CRIME:		
10. DO YOU STILL HAVE ANY KIND OF OBLIGATION AS A RESULT OF CONDITIONS OF PROBATION OR PAROLE? IF YES, EXPLAIN:		
11. IF IT IS REQUIRED, ARE YOU WILLING TO TRAVEL?		
12. IF IT IS NEEDED, DO YOU OBJECT TO WORKING OVERTIME?		

13. WHAT SKILLS, EXPERIENCE OR PROFESSIONAL TRAINING DO YOU HAVE THAT YOU THINK WILL QUALIFY YOU FOR THIS POSITION? _____

14. WHAT IS YOUR EXPECTED RATE OF PAY? _____

15. IN WHICH LANGUAGES OTHER THAN ENGLISH ARE YOU FLUENT?

SPEAK READ WRITE

16. EDUCATION HISTORY				
LEVEL	SCHOOL/LOCATION	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	DEGREE RECEIVED
HIGH SCHOOL CITY/STATE	_____	1 2 3 4	YES	
	_____		NO	
COLLEGE CITY/STATE	_____	1 2 3 4	YES	
	_____		NO	
TRADE SCHOOL OR OTHER CITY/STATE	_____	1 2 3 4	YES	
	_____		NO	

17. **PERSONAL REFERENCES**
(DO NOT LIST RELATIVES)

NAME/ADDRESS	RELATIONSHIP	PHONE NO.
_____	_____	() _____ - WORK
_____	_____	() _____ - HOME
_____	_____	() _____ - WORK
_____	_____	() _____ - HOME
_____	_____	() _____ - WORK
_____	_____	() _____ - HOME

EMPLOYMENT HISTORY
(BEGIN WITH CURRENT OF MOST RECENT EMPLOYER)

EMPLOYER	TELEPHONE NO.	DATE STARTED	LAST DAY WORKED
CO. NAME _____ JOB TITLE _____ CITY/STATE _____ IMMEDIATE SUPERVISOR _____	() _____ STARTING PAY RATE _____ REASON FOR LEAVING _____ POSITION HELD/DUTIES _____	_____	_____
CO. NAME _____ JOB TITLE _____ CITY/STATE _____ IMMEDIATE SUPERVISOR _____	() _____ STARTING PAY RATE _____ REASON FOR LEAVING _____ POSITION HELD/DUTIES _____	_____	_____
CO. NAME _____ JOB TITLE _____ CITY/STATE _____ IMMEDIATE SUPERVISOR _____	() _____ STARTING PAY RATE _____ REASON FOR LEAVING _____ POSITION HELD/DUTIES _____	_____	_____
CO. NAME _____ JOB TITLE _____ CITY/STATE _____ IMMEDIATE SUPERVISOR _____	() _____ STARTING PAY RATE _____ REASON FOR LEAVING _____ POSITION HELD/DUTIES _____	_____	_____

IN CASE OF EMERGENCY, THE FOLLOWING PERSON SHOULD BE NOTIFIED:

19. NAME _____ RELATIONSHIP _____ PHONE # _____

20. **STATEMENT OF CERTIFICATION**

I hereby certify that this application contains no willful misrepresentation of falsification and that the information given by me is true and correct to the best of my knowledge. I understand that should investigation reveal any misrepresentation or falsification, such findings could result in rejection of my application or in immediate termination of my employment. I authorize all previous and current employers to give any and all information concerning my employment and other pertinent information they may have, personal or otherwise, to this company and release all parties from any and all liabilities from any damages which may result from the furnishing of such information. I understand and agree that if hired my employment is for no definite period of time and that I may, regardless of the date of payment of wages or salary be terminated at any time without prior notice. If I am accepted for employment with this company, I agree to comply with supervisory instructions and to abide by its personnel policies and also to immediately report to my supervisor any and all job-related injuries and illnesses regardless of severity.

SIGNATURE

DATE

