



# Employment Application

Position applying for \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL:**

Name \_\_\_\_\_  
Last First Middle Initial Social Security Number

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ Mobile/Pager/Other \_\_\_\_\_

Email address \_\_\_\_\_

Referred by \_\_\_\_\_ If under 18, please list age \_\_\_\_\_

Date available to work \_\_\_\_\_

Are you legally eligible for work in this country? \_\_\_\_\_ NO \_\_\_\_\_ YES

Are you employed now? \_\_\_\_\_ NO \_\_\_\_\_ YES

If so, may we inquire of your present employer? \_\_\_\_\_ NO \_\_\_\_\_ YES

Have you ever applied to this company before? \_\_\_\_\_ NO \_\_\_\_\_ YES

Have you ever been convicted of a felony? \_\_\_\_\_ NO \_\_\_\_\_ YES

If yes, please explain. (A conviction will not necessarily disqualify you from the job)

\_\_\_\_\_  
 \_\_\_\_\_

Employment desired \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ TEMP \_\_\_\_\_ FT/PT \_\_\_\_\_ ON CALL

Salary requirement \$ \_\_\_\_\_ per \_\_\_\_\_ Will you work overtime if asked? \_\_\_\_\_ NO \_\_\_\_\_ YES

Hours available to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you have a driver's license? \_\_\_\_ NO \_\_\_\_ YES What is your means of getting to work? \_\_\_\_\_

Driver's license # \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration \_\_\_\_\_

Have you had any accidents during the past three years? \_\_\_\_ NO \_\_\_\_ YES

Have you had any moving violations during the past three years? \_\_\_\_ NO \_\_\_\_ YES

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone # _____	Telephone # _____

Emergency contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Contact number \_\_\_\_\_

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YRS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional School				

## EMPLOYMENT HISTORY

COMPANY NAME	TELEPHONE
ADDRESS	STARTING DATE (MONTH & YEAR)
NAME OF SUPERVISOR	END DATE (MONTH & YEAR)
TITLE & DISCRIPTION OF WORK	REASON FOR LEAVING
	STARTING & ENDING PAY
COMPANY NAME	TELEPHONE
ADDRESS	STARTING DATE (MONTH & YEAR)
NAME OF SUPERVISOR	END DATE (MONTH & YEAR)
TITLE & DISCRIPTION OF WORK	REASON FOR LEAVING
	STARTING & ENDING PAY
COMPANY NAME	TELEPHONE
ADDRESS	STARTING DATE (MONTH & YEAR)
NAME OF SUPERVISOR	END DATE (MONTH & YEAR)
TITLE & DISCRIPTION OF WORK	REASON FOR LEAVING
	STARTING & ENDING PAY

**PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION**

I hereby certify that all entries both the application and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the company. I understand that all information on this application is subjected to verification and I consent to criminal history background checks. I also consent that you may contact reference, former employers, and educational institutions listed regarding this application.

I further authorize the company to rely upon and use, as it sees fit, any information received from such contacts.

**I have read and understand the above.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

***Thank you for completing this application and your interest in our business.***