

Application for Employment

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____			Social Security#
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for fulltime work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever pleaded " Guilty" or "No Contest" to, or have been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work? _____
	Other Special Training or skills			

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma	
	Graduate						
	College						
	Business/ Technical						
	Highschool						
	Elementary						

Membership in Professional or Civic Organizations <i>(Exclude those which may disclose your race, color, religion or national origin)</i>

Employment History

1	Company Name	Telephone ()
	Address	Employed-(State Month and Year) From: To:
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason For Leaving
2	Company Name	Telephone ()
	Address	Employed-(State Month and Year) From: To:
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason For Leaving
3	Company Name	Telephone ()
	Address	Employed-(State Month and Year) From: To:
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason For Leaving
4	Company Name	Telephone ()
	Address	Employed-(State Month and Year) From: To:
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason For Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact	Do Not Contact
	Employee number(s) _____ Reason _____ _____

Military	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
Were you Honorably Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No		What was your final ETS?

References

1	Name	Company	Telephone # ()	No. Years Known
2	Name	Company	Telephone # ()	No. Years Known
3	Name	Company	Telephone # ()	No. Years Known

Signature

The information provided in this application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage in an investigative consumer-reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date

_____ Signature

For Employer's Use Only

Employer Reference Check

Employer	Person Contacted	Results
1		_____
2		_____
3		_____
4		_____

Personal Reference Check

Reference	Person Contacted	Results
1		_____
2		_____
3		_____

Interview Results and Comments

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