

Application for Employment

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|--------------------------------------|--|-------|--------|--|
| 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> |
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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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