

Employment Application

Personal Information

Name: _____ Date: _____
Last First Middle

Present Address: _____ Phone: _____

Permanent Address (If different than present address): _____

If you cannot be reached at the above phone, where can we reach you? _____

Employment Desired

Type of Work Desired	Wage	Shift

Where did you learn about this position? _____

Will accept Employment of: Full Time Part Time Temporary Date Available: _____

What hours are you available for work? _____ or _____

Are you a United States Citizen? Yes No If not, do you have a Work Permit? Yes No

Do you have a Driver's License? Yes No Were you previously employed by us? Yes No

If yes, when? _____ Reason for separation of employment: _____

List any friends or relatives working for us.

Name	Relationship

Person to contact in case of an accident or emergency: _____
Name Relationship Phone

Person to contact in case of an accident or emergency: _____
Name Relationship Phone

Education / Training

School	Name / Address of School	Courses Taken	Graduate? Date	Diploma, Degree, or Certificate
High School				
College				
Other Training (Please Specify)				
Other Classes/Training:				

More Class/Training Information:

Extracurricular Activities While in School:

Area of Specialization / Training:

Professional Organization Memberships, Honors Received, Volunteer or Community Service, and Other Qualifications You Have Which You Feel Are Related to the Position Which You Are Applying For:

Professional Licenses and/or Certifications

Type	Organization or State Issued	Date Issued	Number	Verification
Type	Organization or State Issued	Date Issued	Number	Verification
Type	Organization or State Issued	Date Issued	Number	Verification

Military Record

Military Branch	Date Entered	Separation Date(s)	Military Occupational Specialty
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Are you currently active in the Military? Yes No Rank at Discharge: _____

Specialized Training:

List any Service Awards or Commendations:

Employment History

List current (or most recent) Employer first and all others in reverse chronological order.

Company Name	Dates Employed		
Address (Street, City, State, Zip Code)	From:	To:	
	Phone	Start Wage	End Wage
		\$	\$
Position Title	Immediate Supervisor's Name and Title		

Job Description and Responsibilities

May we contact for a reference? Yes No

Company Name	Dates Employed		
	From:	To:	
Address (Street, City, State, Zip Code)	Phone	Start Wage	End Wage
		\$	\$
Position Title	Immediate Supervisor's Name and Title		
Job Description and Responsibilities			
May we contact for a reference? Yes No			
Company Name	Dates Employed		
	From:	To:	
Address (Street, City, State, Zip Code)	Phone	Start Wage	End Wage
		\$	\$
Position Title	Immediate Supervisor's Name and Title		
Job Description and Responsibilities			
May we contact for a reference? Yes No			
Company Name	Dates Employed		
	From:	To:	
Address (Street, City, State, Zip Code)	Phone	Start Wage	End Wage
		\$	\$
Position Title	Immediate Supervisor's Name and Title		
Job Description and Responsibilities			
May we contact for a reference? Yes No			
Company Name	Dates Employed		
	From:	To:	
Address (Street, City, State, Zip Code)	Phone	Start Wage	End Wage
		\$	\$
Position Title	Immediate Supervisor's Name and Title		
Job Description and Responsibilities			
May we contact for a reference? Yes No			

Criminal History

This organization is required by law to perform a pre-employment background screening.

Have you ever been convicted of a crime? Yes No If so, for what, when, and where?

Conviction of a criminal offense will not necessarily eliminate you from employment.
Use this space to give us further information which may assist us in placing you.

References

List Three References Who Are Not Relatives Or Former Employers.

Name and Relationship	Title	Company Name & Address	Telephone

This organization does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this organization the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take a physical examination and such future physical examinations as may be required by this organization at such times and places as the organization shall designate. I understand that an offer of employment may be contingent on the ability to perform the physical strengths which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature

Date

If you have more information, a cover letter, or a resume, please attach to your E-mail along with the application.

APPLICANT – Do NOT Write on This Page

For Interviewer's Use

Interviewer	Date	Comments

Results of Reference Checks

Past Employer	Results of Reference Check	Date	Person Contacted

Disposition

Under Consideration		Employed: Permanent XXXXX Part-Time		
Possible Work Location(s)	Possible Position(s)	Location & Position	Wage Rate	Date