

**APPLICATION FOR EMPLOYMENT**

AN EQUAL OPPORTUNITY EMPLOYER

**PERSONAL**

ANSWER EACH QUESTION ACCURATELY- PLEASE PRINT TODAY'S DATE \_\_\_\_\_

SOCIAL SEC.NO.# \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (First) (Middle) (Telephone)

PRESENT ADDRESS \_\_\_\_\_  
(Street No. and Name) (County)

\_\_\_\_\_  
(City or Town) (State) (Zip Code) (How long?)

TWO MOST RECENT ADDRESSES:

\_\_\_\_\_  
(Street No. and Name) (City or Town) (State) (Zip Code) (Dates)

\_\_\_\_\_  
(Street No. and Name) (City or Town) (State) (Zip Code) (Dates)

ARE YOU A U.S. CITIZEN OR OTHERWISE AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS?

YES  NO

ARE YOU AT LEAST 18 YEARS OF AGE? YES  NO

NOTIFY IN EMERGENCY \_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE)

**EMPLOYMENT**

I AM APPLYING FOR THE FOLLOWING POSITION: \_\_\_\_\_

I AM APPLYING FOR THE FOLLOWING WORK: TEMPORARY  PART TIME  FULL TIME

WAGE/SALARY DESIRED? \_\_\_\_\_ DATE AVAILABLE FOR WORK \_\_\_\_\_

PLEASE LIST ANY SPECIAL EDUCATION, SKILLS, EXPERIENCE OR EQUIPMENT OPERATING ABILITIES THAT YOU HAVE WHICH MIGHT BE USEFUL IN THE POSITION FOR WHICH YOU ARE APPLYING:

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

WERE YOU EVER EMPLOYED BY THIS COMPANY OR ANY OF ITS SUBSIDIARIES OF AFFILIATES? IF YES, WHERE AND WHEN?

HAVE YOU EVER APPLIED FOR A POSITION AT THIS COMPANY OR ANY OF ITS SUBSIDIARIES OF AFFILIATES? IF YES, WHERE AND WHEN?

IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME AND DEPARTMENT REFERRED BY:

\_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## EDUCATION

| NAME & ADDRESS OF SCHOOL     | <u>GRADUATED</u><br><b>YES OR NO</b> | DEGREE OR MAJOR AREA OF STUDY |
|------------------------------|--------------------------------------|-------------------------------|
| HIGH SCHOOL                  |                                      |                               |
| BUSINESS OR TECHNICAL SCHOOL |                                      |                               |
| COLLEGE OR UNIVERSITY        |                                      |                               |
| OTHER                        |                                      |                               |
| OTHER                        |                                      |                               |

## EMPLOYMENT HISTORY

List all employment including military service and self-employment (Account for any periods of unemployment)

|  |  |                     |
|--|--|---------------------|
| Employer (Present or Most Recent)            | Type of Business                               | Telephone #         |
| Complete Address                             |  |                     |
| Starting Date (Month and Year)               | Starting Salary<br>\$                      Per | Starting Position   |
| Termination Date (Month and Year)            | Starting Salary<br>\$                      Per | Position on Leaving |
| Name & Title of Supervisor (Present or Last) |  | Telephone #         |
| Job Description and Responsibilities         |  |                     |
| Reason for Leaving                           |  |                     |

If presently employed, may we contact your employer for references? YES  NO

May we contact you at your place of employment? YES  NO  If yes, give telephone & extension  
(      )

|  |  |                     |
|--|--|---------------------|
| Employer                                     | Type of Business                               | Telephone #         |
| Complete Address                             |  |                     |
| Starting Date (Month and Year)               | Starting Salary<br>\$                      Per | Starting Position   |
| Termination Date (Month and Year)            | Starting Salary<br>\$                      Per | Position on Leaving |
| Name & Title of Supervisor (Present or Last) |  | Telephone #         |
| Job Description and Responsibilities         |  |                     |
| Reason for Leaving                           |  |                     |

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**EMPLOYMENT HISTORY (Continued)**

|  |  |                     |
|--|--|---------------------|
| Employer                                     | Type of Business                               | Telephone #         |
| Complete Address                             |  |                     |
| Starting Date (Month and Year)               | Starting Salary<br>\$                      Per | Starting Position   |
| Termination Date (Month and Year)            | Starting Salary<br>\$                      Per | Position on Leaving |
| Name & Title of Supervisor (Present or Last) |  | Telephone #         |
| Job Description and Responsibilities         |  |                     |
| Reason for Leaving                           |  |                     |

**REFERENCES**

DO NOT LIST RELATIVES OR PRESENT OR FORMER EMPLOYERS

NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street No. and Name)

\_\_\_\_\_ (City or Town)                      (State) (Zip Code)                      (Telephone #)

NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street No. and Name)

\_\_\_\_\_ (City or Town)                      (State) (Zip Code)                      (Telephone #)

NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street No. and Name)

\_\_\_\_\_ (City or Town)                      (State) (Zip Code)                      (Telephone #)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**AUTHORIZATION**

I hereby authorize \_\_\_\_\_ and/or its representatives to gather background information, also referred to as an investigative consumer report, regarding the following: Information from employers, public /private records check including civil and criminal, driving, it may include information about your character, general reputation, personal characteristics, mode of living, whichever are applicable.

The Applicant acknowledges that any offer of employment that is made by \_\_\_\_\_ may be contingent upon my successful completion of a physical examination that conforms to the requirements and specifications of the Americans with Disabilities Act and/or the successful completion of a drug test that conforms to state and federal laws.

I also understand that any employment offer is contingent upon my providing, within (3) days of employment, valid proof of identity and eligibility to work in compliance with the Immigration Reform and Control Act of 1986.

I acknowledge that if I am employed, such employment is not for a definite period of time, and that \_\_\_\_\_ can change wages, benefits, hours of employment, and conditions at any time with notice. I understand that either \_\_\_\_\_ or I can terminate the employment relationship at any time with notice, for any reason not prohibited by law. In the event that I leave \_\_\_\_\_ I will promptly pay any balance owed for merchandise, equipment or uniform issued to me and damaged or not returned or other indebtedness to \_\_\_\_\_. Finally, I authorize \_\_\_\_\_ to apply any money due me for wages, salary, and commissions toward liquidation of this indebtedness, except where prohibited by law.

**BY SIGNING THIS APPLICATION FOR EMPLOYMENT I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL PARTS OF IT AND CERTIFY THAT I HAVE FULLY AND COMPLETELY ANSWERED ALL QUESTIONS. I UNDERSTAND THAT ANY MATERIAL MISREPRESENTATION OR OMISSION OF A MATERIAL FACT IN THIS APPLICATION MAY BE JUSTIFICATION FOR REFUSAL OF, OR IF EMPLOYED, TERMINATION OF EMPLOYMENT REGARDLESS OF WHEN SUCH FALSIFICATION IS DISCOVERED.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_