



Application for Employment

We consider applications for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or disability or other legally protected status.

Position Applied for: _____ Date of Application: _____

Last Name: _____ First Name: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____ SSN: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, please give approximate date: _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) Yes No

On what date would you be able to start work? _____

Are you seeking Full-Time Part-Time Shift Work Temporary

Are you currently of "lay off" status and subject to recall? Yes No

Can you travel if the position requires it? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____



EMPLOYMENT EXPERIENCE

Please start with your present or last position, including any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or protected status.

Company: _____ Phone: _____

Address: _____

Job Title: _____ Starting Salary: _____ Ending salary: _____

Responsibilities: _____

From: _____ to _____ Reason for Leaving: _____

Supervisor: _____
Name Title Phone

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____

Job Title: _____ Starting Salary: _____ Ending salary: _____

Responsibilities: _____

From: _____ to _____ Reason for Leaving: _____

Supervisor: _____
Name Title Phone

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____

Job Title: _____ Starting Salary: _____ Ending salary: _____

Responsibilities: _____

From: _____ to _____ Reason for Leaving: _____

Supervisor: _____
Name Title Phone

May we contact your previous supervisor for a reference? Yes No

REFERENCES

Provide the name and telephone of three (3) references who are not related to you and are not previous employers. We may contact your references.

1. _____

2. _____

3. _____

Are you a veteran? Yes No

Do you claim status as a veteran? Yes No

Have you ever had a job-related training in the United States Military? Yes No



EDUCATION

Certain positions require the completion of college courses. Be specific in answering this section.

	HIGH SCHOOL TRADE SCHOOL	UNDERGRADUATE COLLEGE/UNIVERSITY		GRADUATE PROFESSIONAL
		Jr./Community College	4-Year College	
SCHOOL NAME AND LOCATION				
YEARS COMPLETED				
DIPLOMA/DEGREE				
COURSES OF STUDY LIST:				

SKILLS & QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

APPLICANT STATEMENT

I certify the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I am not under any restrictions by virtue of employment agreement with a former employer which would limit my functions or performance.

This application shall be considered active for a period determined by the employer.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment agreement unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

I consent to a Police records check, a Motor Vehicle Operators check and an employment verification.

Signature: _____

Date: _____