



*An Equal Opportunity Employer*

**APPLICATION FOR EMPLOYMENT**

***PERSONAL INFORMATION***

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE	ALT. PHONE	D.O.B.

***DESIRED EMPLOYMENT***

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE CONTACT PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

***EDUCATION***

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

**FORMER EMPLOYERS**

LIST BELOW LAST THREE EMPLOYERS - STARTING WITH THE MOST RECENT ON FIRST

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

**FORMER EMPLOYERS (CONTINUED)**

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

**REFERENCES**

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	PHONE	YEAR ACQUAINTED
1				
2				
3				

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

**AUTHORIZATION**

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE