

Application for Employment

1. Personal

Date: _____

| | | | |
|---|--------------------|---|--|
| Last Name | | First Name | Middle Name |
| Street Address | | | City, State, Zip |
| Home Phone | | Business Phone | Pay Expected |
| Position Desired | Full or Part Time? | Are you of the legal age to work? <input type="checkbox"/> Yes <input type="checkbox"/> No | 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 | | | When will you be available to begin work? |
| Please list other special training or skills (languages, machine operation, etc.) | | | |

2. Education

| School | Name & Location of School | Course of Study | Did you Graduate? | Degree or Diploma |
|-----------------------|---------------------------|-----------------|---|-------------------|
| College or University | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Business/Technical | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| High School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

3. Special Interests

| |
|---|
| Please list Membership in Professional, Civic or School Organizations or any special interests. |
|---|

4. Other

| | |
|---|-----------------------------|
| Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, with what employer? |
| Have you been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, describe in full. | |
| If applying for driving position, have you had any moving violations or DUIs in the past ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you received Worker's Compensation or Disability income payments? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please describe. | |
| Do you have any physical condition which might limit your ability to perform the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please describe this condition. | |

5. Employment

| | | |
|--------------------|------------------|--|
| Company Name | | Phone |
| Address | City, State, Zip | Employed (state month & year) From: _____ To: _____ |
| Name of Supervisor | | Weekly Pay Start: _____ Last: _____ |
| Job title | | |
| Describe your work | | Reason for leaving |

| | | |
|--------------------|------------------|--|
| Company Name | | Phone |
| Address | City, State, Zip | Employed (state month & year) From: _____ To: _____ |
| Name of Supervisor | | Weekly Pay Start: _____ Last: _____ |
| Job title | | |
| Describe your work | | Reason for leaving |

| | | |
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| Company Name | | Phone |
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| Name of Supervisor | | Weekly Pay Start: _____ Last: _____ |
| Job title | | |
| Describe your work | | Reason for leaving |

6. Military

| | |
|--|----------------------|
| Did you ever serve in the U.S. Armed Forces? | If yes, what branch? |
| Are you currently active in the Reserves? | |
| Describe any training received relevant to the position for which you are applying | |

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 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 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.

Signature: _____ Date: _____

