

Application for Employment

Instruction to Applicant:

1. Clearly print all information
2. You must fully and accurately complete the Application
3. Incomplete applications will not be considered.

PERSONAL INFORMATION

Last Name _____ First _____ Middle Initial _____

Street _____ City _____ State _____ Zip Code _____

Telephone _____ Social Security _____ Driver's License _____

How long have you lived at the current address? _____

Are you 18 years old or older? _____ Can you prove it? _____

Name and address of person to contact in case of emergency _____

Telephone No. of above named person _____

POSITION DESIRED

Type of employment desired: Full time _____ Part time _____ Temporary _____

Wage required _____ When could you start _____

Please indicate times you will be available for work each day:

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Any objection to overtime if necessary? _____

Is there anything you know of that will keep you from getting to work on time? _____

EDUCATION	Date Attended		Did You		Name and location of School
	From -	To	Graduate		
			Yes	No	
High School	_____	_____	_____	_____	_____
College/University	_____	_____	_____	_____	_____
Trade/Technical/Other	_____	_____	_____	_____	_____

RELATED KNOWLEDGE/SPECIAL SKILLS

List any skills, training or qualifications you have that you feel would be of benefit to your employment here.

U.S. Military Service? _____ If Yes, Branch of Service _____

Service Dates From _____ To _____

Current member of National Guard or Reserve? Yes _____ No _____

HEALTH/PHYSICAL CONDITION

Are you aware of any physical or mental condition or impairment which may interfere with your ability to perform the job you applied for? If yes, please explain _____

WORK EXPERIENCE

Are you presently employed? Yes No (Circle one)

Present or most recent employer _____

Address _____ City _____ State _____ Phone # _____

Date started _____ Starting Salary _____ Starting Position _____

Date left _____ Present/Final Salary _____ Position on Leaving _____

Describe work performed _____

Reason for leaving _____

Do we have permission to Contact this employer? If yes, whom shall we contact

Yes _____ No _____

Name _____ Position/Title _____

Previous employer _____

Address _____ City _____ State _____ Phone # _____

Date started _____ Starting salary _____ Starting position _____

Date left _____ Final salary _____ Position on Leaving _____

Describe work performed _____

Reason for leaving _____

Do we have permission to Contact this employer? If yes, whom shall we contact

Yes _____ No _____

Name _____ Position/Title _____

Previous employer _____

Address _____ City _____ State _____ Phone # _____

Date started _____ Starting salary _____ Starting position _____

Date left _____ Final salary _____ Position on Leaving _____

Describe work performed _____

Reason for leaving _____

Do we have permission to Contact this employer _____ If yes, whom shall we contact _____

Yes _____ No _____
Name _____ Position/Title _____

PERSONAL REFERENCE

List the name of two persons not related to you whom you have known for at least one year.

Name	Address	Phone no.	Business No.	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDITIONAL APPLICATION INFORMATION

Have you worked here before: Yes _____ No _____

How did you happen to apply here? _____

Why do you want to work here? _____

Have you ever been bonded? _____ Refused a Bond? _____

Have you every collected unemployment compensation: _____

Have you ever been convicted of a felony in the last 5 years? _____

If so, when, where and nature of offense? _____

Are there any felony charges pending against you? _____

Have you ever been discharged or fired? _____ Explain _____

RIGHT TO WORK DOCUMENTS

To assist us in complying with the Immigration Reform and Control Act of 1986, please, Circle all of the following documents which you have proving your right to work in the United States.

- U.S. Passport U. S. Birth Certificate Certificate of Naturalization Social Security Card
- Certificate of U. S. Citizen Drivers License Other Picture I. D. Other documents (list)

DRIVING RECORD

(Have applicant complete this portion if position requires driving)

Operator _____ Commercial Operator _____ Chauffeur _____

State issued by	Expiration date	Driver's License No.
-----------------	-----------------	----------------------

How many years have you been driving? _____

If your driver's license has been revoked or suspended in the last 10 years please explain why _____

Explain any restrictions on your license _____

List any recent recent moving traffic violations or accidents (past 3 years)

Month/Year	Description of violation or accident

CERTIFICATION OF APPLICATION

I certify that, to the best of my knowledge, the information contained in this application for employment is accurate, and I authorize the company to make any inquiries necessary to verify this information including Contacting present and prior employers to obtain any and all information related to my past work performance.

I agree to perform the job duties as outlined in the work description and I understand that if I am employed, such, employment is not a contract for personal services and that the company can change wages, benefits and conditions at any time. I further agree that such employment is for an indefinite period of time and can be terminated by the company or myself at any time with or without notice and with or without cause.

Applicant's Signature _____ Date _____