

Application for Employment

Equal Opportunity Employer

Please complete this form in its entirety.

Personal Information	
Name (Last, First)	
Date of Birth: So	cial Security Number:
Present Address:	
Mailing Address:	
Permanent Address:	
Phone Number:	Referred By:
Employment Desired	
Position: Da	te You Can Start:
Desired Pay Rate:	_
Are you currently employed? ☐ Yes ☐	No
If so, may we inquire of your present employe	r? □ Yes □ No
Have you ever applied to this company before	? □ Yes □ No
• Where:	When:
Education History	
High School:	
Years attended:	
Did you graduate?	
College:	
Years attended:	
Did you graduate?	
Trade, Business, or Correspondence School:	
Years attended:	
Did you graduate?	
General Information	
Subject of special study/research work:	
Special Training:	
Special Skills:	
U.S. Military or Naval Service:	Rank:

Employers (list below last four employers, starting with the most recent)



1.	Name & Address of Employer:		
	Salary:	Position:	
	Dates of Employment:		
	Supervisor:	Phone Number:	
2.	Name & Address of Employer:		
	Salary:	Position:	
	Reason for leaving:		
	Dates of Employment:		
	Supervisor:	Phone Number:	
3.	Name & Address of Employer:		
	Salary:	Position:	
	Reason for leaving:		
	Dates of Employment:		
	Supervisor:	Phone Number:	
4.	Name & Address of Employer:		
	Salary:	Position:	
	Reason for leaving:		
	Dates of Employment:		
	Supervisor:	Phone Number:	
Refere	ences		
(give b	pelow the names of three persons	not related to you, whom you have known at least	
one ye	ear that can verify your ability and	skills to the position you are applying for)	
1.	Name:	Phone Number:	
	Years known:		
2.	Name:		
	Years known:		
3.	Name:	Phone Number:	
	Years known:	Relation:	

"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 ground 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 fro 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification documents and employment paperwork upon hire.

Signature:		Date:	
Management Commer	nts:		
		Character:	
Personality:		Ability:	
Hired:	Position:		
Approved:			
Manager/Owner:		_ Date:	