



APPLICATION FOR EMPLOYMENT

Please Print

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE # _____ CELL PHONE # _____

E-MAIL ADDRESS _____

POSITION(S) APPLIED FOR: _____

EMPLOYMENT DESIRED:

Full time Part time Seasonal Temporary

How were you referred to us?

Newspaper or online ad Current employee Other _____

Name of referral source: _____

Have you previously applied for employment here? __Yes __No If yes, when? _____

Have you previously been employed by this company? __Yes __No If yes, when? _____

If yes, reason for leaving? _____

Are any of your relatives employed here? __Yes __No If yes, please list name and department. _____

Person to be notified in case of emergency:

Name _____

Address _____

Phone # _____ *Relationship* _____

GENERAL INFORMATION

SOCIAL SECURITY NUMBER _____

Are you a US Citizen? Yes No If no, what type of visa do you hold? _____

Are you between the ages of 18 and 70? Yes No

Present state of health _____

Are you willing to undergo a pre-employment physical exam and drug screening? Yes No

Have you ever been convicted of a criminal offense? Yes No If yes, date? _____ Place? _____

Nature: _____

(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

References (Not Employers or Relatives - at least three)

| Name and Address | Occupation | Phone |
|------------------|------------|-------|
| 1 | | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| 4 | | |
| | | |

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, education, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or handicap.)

EMPLOYMENT HISTORY

Are you currently employed? Yes No

List present employer or most recent employer first (use other side of this application, if necessary).

May we contact these employers? Yes No

Employer (Most recent)

Address

Phone

Supervisor's Name

Your Salary

Employment Dates

Your Job Title

Start

From (Month/Year)

Ending

To (Month/Year)

Duties

Reason for Leaving

Employer

Address

Phone

Supervisor's Name

Your Salary

Employment Dates

Your Job Title

Start

From (Month/Year)

Ending

To (Month/Year)

Duties

Reason for Leaving

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Employment Dates

Your Job Title

Start

From (Month/Year)

Ending

To (Month/Year)

Duties

Reason for Leaving

AGREEMENT (Please read the following statements carefully.)

I hereby affirm that the information provided on this application (and accompanying resume', if any), is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume', if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature

Date