

# Employment Application

Date of Application: \_\_\_\_\_

APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No. (Optional)		Desired Salary
Position Applied for			
Are you employed now?      YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, may we inquire of your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have a valid Drivers License?      YES <input type="checkbox"/> NO <input type="checkbox"/>		Drivers License #	Expires:
Have you ever been convicted of a felony or misdemeanor?      YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain:	
List all traffic violation convictions for the last three years:			

EDUCATION			
High School		Address	
From	To	Did you graduate?      YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate?      YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate?      YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES		<i>PLEASE LIST THREE PROFESSIONAL REFERENCES.</i>	
Full Name		Relationship	
Company		Phone (      )	
Address			
Full Name		Relationship	
Company		Phone (      )	
Address			
Full Name		Relationship	
Company		Phone (      )	
Address			

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
Company		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
Company		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	

OTHER			
This position requires some lifting (50 Lbs or more).			
Are you able to perform this task with causing any injury?			
In case of emergency, notify:	Name:	Address:	Phone:
DISCLAIMER AND SIGNATURE			
I, certify that the facts contained in this application are true and complete to the best of my knowledge and I 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 listed above to give you any all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.			
I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.			
Signature		Date	

OFFICE USE ONLY	
I.D. Verified by: _____	Notes:
Date of Hire :	
Hiring Signature:	Date