



# EMPLOYMENT APPLICATION

## PERSONAL INFORMATION

Please fill out completely in your own handwriting. Do not use "Refer to Resume"

Last Name	First Name	M.I.	Social Security No.	Application Date
Address	City	State	Zip	Phone
				Day _____

Can you meet the requirements to become lawfully employed in the U.S.?  Yes  No  
 What Foreign languages do you speak fluently? \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_  
 Have you been convicted of a felony or misdemeanor within the last 5 years? \*\*  Yes  No Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 (you will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.)

DO YOU HAVE ANY PHYSICAL LIMITATION THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?  Yes  No  
 IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS? \_\_\_\_\_  
 \_\_\_\_\_  
 PLEASE DESCRIBE: \_\_\_\_\_  
 \_\_\_\_\_  
 IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

## EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
Are You Employed Now?	If so May We Inquire of Your Present Employer?	
	Where?	When?

If Required, Are You Available To Work:  
 Full Time:  Yes  No    Part Time:  Yes  No    Temporary:  Yes  No    Weekends:  Yes  No    Holidays:  Yes  No

## EDUCATION

Circle Highest Grade Completed:    High School: 9 10 11 12    College: 13 14 15 16    Grad Work: 17 18 19 20

Name of School Location (City and State)	Did You Graduate?	Degree and Major	Grade/ G.P.A.
High School	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Jr. College	Yes <input type="checkbox"/> No <input type="checkbox"/>		
College/ University	Yes <input type="checkbox"/> No <input type="checkbox"/>		
College/ University	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Tech./Trade/ Military/Other	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Other Courses or Training Related to Work Desired \_\_\_\_\_

Professional Registrations	Skills/Licenses Held (Typing W.P.M., Welding, etc.)
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Other Job Related Activities (e.g., Memberships) That May Prove Beneficial to Your Work \_\_\_\_\_

## REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU AND WHOM YOU HAVE KNOWN AT LEAST ONE YEAR:

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

## EMPLOYMENT HISTORY

PLEASE LIST MOST RECENT EMPLOYMENT FIRST

NAME OF EMPLOYER		DATES OF EMPLOYMENT FROM		TO	NAME OF SUPERVISOR
ADDRESS OF EMPLOYER		CITY	STATE	ZIP	YOUR JOB TITLE
PHONE NUMBER	LAST SALARY	HRS. PER WEEK		REASON FOR LEAVING	
DESCRIPTION OF WORK					
NAME OF EMPLOYER		DATES OF EMPLOYMENT FROM		TO	NAME OF SUPERVISOR
ADDRESS OF EMPLOYER		CITY	STATE	ZIP	YOUR JOB TITLE
PHONE NUMBER	LAST SALARY	HRS. PER WEEK		REASON FOR LEAVING	
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PHONE NUMBER	LAST SALARY	HRS. PER WEEK		REASON FOR LEAVING	
DESCRIPTION OF WORK					

## MILITARY HISTORY

HAVE YOU BEEN IN THE UNITED STATES MILITARY?  Yes  No If "YES" please complete the following:

Branch: \_\_\_\_\_ Highest Grade or rank attained: \_\_\_\_\_

What were your duties? (List skills or special training): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AFFIDAVIT

**AUTHORIZATION AND RELEASE**  
 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 GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES 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 ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND THAT MY EMPLOYMENT IS CONTINGENT UPON TAKING AND PASSING BOTH A MEDICAL EXAM AND DRUG SCREENING ANALYSIS. I FURTHER UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINED PERIOD AND BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_