



Employment Application

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED

Name: _____
First Middle Last

Address: _____
Street City State Zip

Home Number: _____ Cell Number: _____

Do you have a legal right to be employed in the United States: YES Proof Req'd NO

Are you over the age of 18? YES NO

Have you ever been convicted of a Felony? _____

If yes please explain: _____

Are you currently employed? _____ Date you can start: _____

If not when was your last day of employment? _____

Position Applying for: _____ Full Time Part Time

Who referred you? _____ Rate of pay expected? _____

Willing to work? (Check all that apply)

Day Shift Night Shift Weekends Holidays

Special Skills

Please, list any special skills or qualifications:

Special Skills or Equipment Operated	Years
_____	_____
_____	_____
_____	_____
_____	_____

Education

Type of School	Name and City	Graduate?	Course Major
College			
Technical School			
High School			
Other			

In compliance with Federal and State Equal Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

List all Present and Past Employment, Beginning with Most Recent

Company Name: _____ Position Held: _____
Street Address _____ Telephone Number: _____
City, State, Zip _____ Starting Pay: _____
Name of Supervisor: _____ Ending Pay: _____
Dates of Employment: From: _____ To: _____
Job Duties: _____

Reason For Leaving: _____

May we contact: YES NO Hours Per Week: _____

Company Name: _____ Position Held: _____
Street Address _____ Telephone Number: _____
City, State, Zip _____ Starting Pay: _____
Name of Supervisor: _____ Ending Pay: _____
Dates of Employment: From: _____ To: _____
Job Duties: _____

Reason For Leaving: _____

May we contact: YES NO Hours Per Week: _____

Company Name: _____ Position Held: _____
Street Address _____ Telephone Number: _____
City, State, Zip _____ Starting Pay: _____
Name of Supervisor: _____ Ending Pay: _____
Dates of Employment: From: _____ To: _____
Job Duties: _____

Reason For Leaving: _____

May we contact: YES NO Hours Per Week: _____

Company Name: _____ Position Held: _____
Street Address _____ Telephone Number: _____
City, State, Zip _____ Starting Pay: _____
Name of Supervisor: _____ Ending Pay: _____
Dates of Employment: From: _____ To: _____
Job Duties: _____

Reason For Leaving: _____

May we contact: YES NO Hours Per Week: _____

Work References

Name: _____	Relationship: _____
Company: _____	Years Known: _____
Address: _____	Home Phone: _____
Address: _____	Cell Phone: _____

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Address: _____	Home Phone: _____
Address: _____	Cell Phone: _____

Name: _____	Relationship: _____
Company: _____	Years Known: _____
Address: _____	Home Phone: _____
Address: _____	Cell Phone: _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____