

Application for Employment

P E R S O N A L I N F O	Last Name _____ First Name _____ Middle _____			Date _____			
	Initial _____						
	Street Address _____			Home Telephone () _____			
	City, State, Zip _____			Business Telephone () _____			
	Have you ever applied for employment with us? _____ Yes _____ No			Social Security # _____			
	If Yes: Month and Year _____ Location _____			Position Desired _____			
	Apart from absence for religious observance, are you available to work full-time? _____ Yes _____ No if not what hours can you work?			Salary Desired _____			
	Are you legally eligible for employment in the United States? _____ Yes _____ No			Are you willing to work Overtime? _____ Yes _____ No			
	Other special training or skill (languages, machine operations, etc...)			How did you hear about this position? _____			
	E D U C A T I O N						
	School	Name and Location of School	Course of Study	No of Years Completed	Graduate	Diploma/Degree	GPA Average
	Graduate						
	College						
	Business/Trade/Technical						
High School							
Elementary							

<i>Provide dates you attended school</i>					
Elementary From:	To:	High School From:	To:	College From:	To:

REFERENCES: Give below the names of three persons not related to you, whom you have known at least 2 years and that we can contact as a reference.

Name	Full Address & Zip	Business	Years Acquainted	Phone #

EMPLOYMENT

*Please give accurate, complete full-time and part-time employment record.
Start with your present or most recent employment.*

1.	Company Name	Telephone #
	Full Address & Zip	Employed From: To:
	Name of Supervisor	Weekly Pay/Annual Salary
	Job Title/Describe Your Work	Reason for Leaving

2.	Company Name	Telephone #
	Full Address & Zip	Employed From: To:
	Name of Supervisor	Weekly Pay/Annual Salary
	Job Title/Describe Your Work	Reason for Leaving

3.	Company Name	Telephone #
	Full Address & Zip	Employed From: To:
	Name of Supervisor	Weekly Pay/Annual Salary
	Job Title/Describe Your Work	Reason for Leaving

4.	Company Name	Telephone #
	Full Address & Zip	Employed From: To:
	Name of Supervisor	Weekly Pay/Annual Salary
	Job Title/Describe Your Work	Reason for Leaving

<p><i>We may contact the employers above unless, you indicate those you do not want us to contact.</i></p>	DO NOT CONTACT
	Employer Number
	Reason:
	DO NOT CONTACT
Employer Number	Employer Number
Reason:	Reason:

MILITARY

Did you serve in the U.S. Armed Forces?	If "yes" what Branch?	Are you a Vietnam era veteran?
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Training and More Personal Info

Describe any training received relevant to the position for which you are applying.

Please answer all the questions below. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal Law also prohibits discrimination based on age, citizenship and disability. The law of most States also prohibits some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

Martial Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Are you 18 years of age or older?
Number of dependants including yourself?	Are you a U.S. Citizen?

Have you ever been Bonded?	Have you ever been convicted of a crime?
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State names of Relatives and friends working for us 1- _____ 2- _____ 3- _____ 4- _____	Will you continue to work for any other company or be self-employed while working for us? If yes please describe.
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Driver's License#	Expiration Date:	State of Issuance
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Vehicle Make	Model #	Year
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Are you willing to work possible late nights and or weekends? If not please specify

If required would you be willing to life heavy equipment, use chemicals, tools & electrical equipment during normal working hours which are 8:00am-5:00pm? If not able please explain:

We believe that the information solicited from the applicant is in compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume the responsibility for the user's inclusion in this "Application for Employment" of any questions which may violate Federal, State or local laws and users should consult their own counsel with respect to any legal questions concerning the use of this form.

The information provided on this Application for Employment is true, correct, and accurate. If employed, any misstatement or omission of fact on this application may result in dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report. By signing below you agree that you have read this entire application and that all information has been given voluntarily.

Signature of Applicant: _____

Date: _____

For Employer's Use Only

Interviewer Name and Comments:

Employer	Person Contacted	Results

- I reviewed typical work day and work week routines.
- I reviewed Company Employment Contract.
- I reviewed that we will contact (3) past personal references, & (3) past employers as Verification of employment.

Notes: _____
