



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

PERSONAL

Date _____

Last Name _____ First _____ M.I. _____

Street Address _____

City, State, Zip _____

Telephone # (____) _____ Other Telephone (____) _____

Pay Expected _____ Full Time _____ Part Time _____

Social Security # _____ - _____ - _____ Date available to begin work _____

Will you work overtime if asked? Yes No Have you ever been bonded? Yes No If "Yes," with what employers?

Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? Yes No

If "Yes," describe in full _____

Other special training or skills (languages, machine operation, etc.) _____

EDUCATION

School	Name and Location	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY

Did you serve in the U.S. Armed Forces? Yes No If "Yes," in what Branch? _____

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

Please list any additional information relevant to the position for which you are applying. Membership in professional and civic organizations, special accomplishment, awards, etc. (Exclude those which may disclose your race, color, religion, and age or nation origin)

EMPLOYMENT

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

Company Name	Telephone ()
Address	Employed – (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for leaving
Company Name	Telephone ()
Address	Employed – (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for leaving
Company Name	Telephone ()
Address	Employed – (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for leaving

May we contact the above listed employers? Yes No

If “No,” please

explain _____

APPLICANT’S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and “references” I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice,

unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Date _____ Signature _____

Applicants Name _____ Date _____

FOR INTERNAL USE ONLY

REFERENCE CHECK

Employer	Person Contacted	Results
1		
2		
3		

INTERVIEW RESULTS

Interviewer
Name _____

Comments

