

APPLICATION FOR EMPLOYMENT

DATE: _____

PERSONAL INFORMATION

NAME (LAST NAME, FIRST) _____

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL: _____

EMPLOYMENT DESIRED

POSITION _____

DATE YOU CAN START _____

SALARY DESIRED _____

ARE YOU EMPLOYED? _____

IF SO CAN WE CONTACT YOUR CURRENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____

EDUCATION HISTORY

HIGH SCHOOL _____ YEARS ATTENDED _____ DID YOU GRADUATE? _____

COLLEGE _____ YEARS ATTENDED _____ DID YOU GRADUATE? _____ SUBJECT(S)

STUDIED _____

GENERAL INFORMATION

SUBJECT OF SPECIAL STUDY/
SKILLS _____

U.S. MILITARY OR
NAVAL _____ RANK _____

FORMER EMPLOYERS (LIST STARTING WITH THE LAST ONE FIRST)

NAME OF
COMPANY _____
FROM _____ TO _____ POSITION _____ SALARY _____
SUPERVISOR AND CONTACT
NUMBER _____
REASON FOR
LEAVING _____

NAME OF
COMPANY _____
FROM _____ TO _____ POSITION _____ SALARY _____
SUPERVISOR AND CONTACT
NUMBER _____
REASON FOR
LEAVING _____

NAME OF
COMPANY _____
FROM _____ TO _____ POSITION _____ SALARY _____
SUPERVISOR NAME AND CONTACT
NUMBER _____
REASON FOR
LEAVING _____

REFERENCES

NAME _____
CONTACT NUMBER _____
NAME _____
CONTACT NUMBER _____
NAME _____
CONTACT NUMBER _____

AUTHORIZATION

"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 grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and pertinent information they have, personal or otherwise, and release the company from all liability for and damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ **SIGNATURE** _____

_____ **DO NOT WRITE BELOW THIS LINE** _____

REMARKS _____

NEATNESS _____

CHARACTER _____

PERSONALITY _____

ABILITY _____

HIRED _____

POSITION _____

SALARY: _____ **WAGES:** _____

START DATE _____

MANAGER SIGNATURE _____