



Application for Employment

Today's Date

Position You Are Applying For: _____ Date Available for Work: _____

PERSONAL INFORMATION			
Last Name	First Name	Middle Initial	
Home Phone	Cell Phone	Email Address	
Social Security Number	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Address	City	State	Zip
Prior Address	City	State	Zip
If selected for employment are you willing to submit to a pre-employment drug screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No			

JOB-RELATED SKILLS			
NOTE: Do not fill out any part of this section you believe to be non-job related.			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	If the job requires, do you have the appropriate valid drivers license?	
		Name on License	DL# Type State of Issue
<input type="checkbox"/>	<input type="checkbox"/>	Have you had any moving violations within the last seven years? Please describe:	

Please list any skills, licenses, or certificates that may be job-related or that you feel would be of value to this job.			

EDUCATION										
NOTE: Do not fill out any part of this section you believe to be non-job related.										
Please circle highest grade completed	7	8	9	10	11	12	13	14	15	16+
If your school records are under a different name than listed on page 1, please enter name _____										
SCHOOL	CITY/ST				YEAR GRAD		DEGREE			
College: _____										
High School: _____										
Other: _____										

GENERAL QUESTIONS
What is your hourly rate expectation at the job you are being hired for?
<input type="checkbox"/> \$14.00 <input type="checkbox"/> \$16.00 <input type="checkbox"/> \$18.00 <input type="checkbox"/> \$20.00+
What qualities do you possess that would be a valuable asset to our team?

PREVIOUS EMPLOYMENT

NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

MOST RECENT EMPLOYER

Yes No Are you currently working with this employer?
 Yes No If yes, may we contact?

Company Name _____

City _____ State _____ Zip _____

Phone
Fax

Dates Employed: From _____ To _____ Job Title _____

Supervisor's Name _____ Duties _____

Salary _____ per hour week month other _____

Reason for leaving _____

NEXT MOST RECENT EMPLOYER

Yes No Are you currently working with this employer?
 Yes No If yes, may we contact?

Company Name _____

City _____ State _____ Zip _____

Phone
Fax

Dates Employed: From _____ To _____ Job Title _____

Supervisor's Name _____ Duties _____

Salary _____ per hour week month other _____

Reason for leaving _____

NEXT MOST RECENT EMPLOYER

Yes No Are you currently working with this employer?
 Yes No If yes, may we contact?

Company Name _____

City _____ State _____ Zip _____

Phone
Fax

Dates Employed: From _____ To _____ Job Title _____

Supervisor's Name _____ Duties _____

Salary _____ per hour week month other _____

Reason for leaving _____

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

NAME	ADDRESS	PHONE	YRS KNOWN
1.			
2.			

EMERGENCY CONTACT

Name _____ Address _____

Relationship _____ Phone Number(s) _____

CERTIFICATION AND RELEASE

I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents to verify any of this information, including consumer reporting bureau reports and Workers Compensation reports. I release all former employers, persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature _____

Date _____