



JOB APPLICATION

Please Print All Information

Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): _____ Social Security Number: _____

Position Applied For: _____

Salary or Hourly Rate expected: _____ week hour Annual (circle one)

Have you ever been employed by us before? Yes No

If Yes, Date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you 18 Years or older? Yes No

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status? Yes No

(Proof of citizenship or immigration status is required upon employment.)

You are available to work: Full Time Part Time Temporary

Date you can begin work: _____

Have you been convicted of a crime within the last seven (7) years? Yes No

(Other than a traffic violation.) (Conviction may not necessarily disqualify an applicant from employment)

If yes, please explain:

Application For Employment

EDUCATION

School Address	Years Attended	Major	Diploma/Degree
High School:			
College:			
Technical:			
Other:			

FORMER EMPLOYERS

List below all present and past employment, beginning with your most recent. All times must be accounted for whether employed or not. Attach an additional sheet if necessary.

Name and Address of Company and Type of Business	From		To		Weekly Start Salary or Hourly Rate	Weekly End Salary or Hourly Rate	Reason for Leaving	Name, Title, and Phone Number of Your Supervisor
	MO	YR	MO	YR				
	Describe in detail the work you did and your title:							
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	Describe in detail the work you did and your title:							

PERSONAL REFERENCES:

Name: _____ Company: _____ Phone: _____

Address: _____ Relationship: _____

City/ State/ Zip: _____

Name: _____ Company: _____ Phone: _____

Address: _____ Relationship: _____

City/ State/ Zip: _____

Name: _____ Company: _____ Phone: _____

Address: _____ Relationship: _____

City/ State/ Zip: _____

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 be 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 any pertinent information they may have, personal or otherwise, and release the company from all liability for any 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: _____

Interviewed By: _____ Date: _____