Application for Employment

EQUAL OPPORTUNITY EMPLOYER

DATE_____

Personal Information

LAST NAME	FIRST NAME	MIDDLE NAME (or Initial)	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE NUMBER	CELL NUMBER	EMAIL ADDRESS	

Employment Desired

POSITION	DATE YOU CAN START
HAVE YOU EVER APPLIED WITH US BEFORE? ☐ Y ☐ N	WHEN?
IF SELECTED FOR EMPLOYMENT, ARE YOU WILLING TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREENING? ☐ Y ☐ N	

Education History

NAME & LOCATION OF SCHOOL		YEARS ATTENDED	SUBJECTS STUDIED
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

General Information

SUBJECTS OR SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY SERVICE	RANK ON DISCHARGE

Employment History (PLEASE LIST FOUR EMPLOYERS, STARTING WITH THE CURRENT OR MOST RECENT FIRST)

DATE – MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

REFERENCES (PLEASE LIST THE NAMES OF THREE PEOPLE NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

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.

SIGNATURE_____ DATE_____

PRINTED NAME_____

FOR OFFICE USE ONLY	
RECEIVED BY:	**DATE:**
NOTES:	