**Employment Application:** Applicant Name:

|  |  |
| --- | --- |
| Applicant Data: | Date of interview: / / |
| How were you referred to us: | **Position Applied for:** |

Full Name: Today’s Date:

Address: City: State: Zip:

Phone: Mobile: E-mail:

Date Available to start: SSN: Preferred Salary:

Are you at least 18 years of age? □ Yes □ No If no, when is your 18th birthday:

Are you legally allowed to work in the United States? □ Yes □ No Driver’s License # and State:

Type of work desired: □ Full Time □ Part Time □ Temporary □ Seasonal

Have you ever pleaded guilty, no contest or been convicted of a crime? □ Yes □ No

If yes, give dates and details:

*Answering yes to these questions does not constitute an automatic rejection for employment. Date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.*

|  |
| --- |
| Education History |

Name & Location of High School: Did you graduate? □ Yes □ No

Name & Location of College: Years attended:

Degrees completed: Other subjects studied:

Trade, Business or Correspondence School: Years attended:

Subjects Studied: Did you graduate? □ Yes □ No

|  |
| --- |
| Summarize Your Special Skills of Qualifications |

|  |
| --- |
| Availability to Work |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| Previous Employment (begin with the most recent position) |

Dates of Employment: From To Position Held:

Company Name: Address:

City: State: Zip: Phone:

Supervisor: Title: Department:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for Leaving:

May we contact this employer for a reference? □ Yes □ No

Dates of Employment: From To Position Held:

Company Name: Address:

City: State: Zip: Phone:

Supervisor: Title: Department:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for Leaving:

May we contact this employer for a reference? □ Yes □ No

|  |
| --- |
| Continued Employment |

Dates of Employment: From To Position Held:

Company Name: Address:

City: State: Zip: Phone:

Supervisor: Title: Department:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for Leaving:

May we contact this employer for a reference? □ Yes □ No

Dates of Employment: From To Position Held:

Company Name: Address:

City: State: Zip: Phone:

Supervisor: Title: Department:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for Leaving:

May we contact this employer for a reference? □ Yes □ No

\*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 the utilization of such information. I also understand and agree that no representative of the company has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is writing and signed by an authorized company representative. This waiver does not permit the release of use of disability-related of medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature of Applicant: Date: