

# Application for Employment

Please Print All Information Except Signature

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: Last First Middle

Address: Number/Street Apt. No.

City State Zip Code

Contact: Work Phone Home Phone

Desired Salary: \_\_\_\_\_

**Availability:** DAYS ABLE TO WORK (circle): Are you at least 18 yrs of age?

MON TUES WED THURS FRI SAT SUN YES NO

How many hours can you work weekly? \_\_\_\_\_ Exact Date you can begin? \_\_\_\_\_

<b>Education:</b>			
Name/Location	Course of Study	# of Years	Degree
High School			
College			
Graduate			
Technical			

## Work History:

1. **Company:** Phone Number

( ) -

Address: City/State/Zip

Job Title: Salary: Beginning/End

Summary of Responsibilities & Duties:

Reason for Leaving:

2. **Company:** Phone Number

( ) -

Address: City/State/Zip

Job Title: Salary: Beginning/End

Summary of Responsibilities & Duties:

Reason for Leaving:

3. **Company:** Phone Number

( ) -

Address: City/State/Zip

Job Title: \_\_\_\_\_ Salary: Beginning/End

Summary of Responsibilities & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Additional Information:**

May we contact the employers listed above? YES NO (circle one)

How did you learn about our Company? \_\_\_\_\_

If applicable, please list relative or friend(s) employed by our Company. \_\_\_\_\_

Is there any information we would need to know about your name, or use of another name for us to be able to check your work record? (i.e. maiden name)

If yes, please specify: \_\_\_\_\_

Please list any additional informatin that relates to your ability to perform the job you have applied for, including licenses, professinal memberships, etc:

**U.S. Military Service**  
Branch of Service \_\_\_\_\_ Date of Service: Start: \_\_\_\_\_ End: \_\_\_\_\_

**References:** (Please do not include relatives)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
( ) -  
Position: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
( ) -  
Position: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
( ) -  
Position: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

I understand that the employer will thoroughly investigate my work and personal history and verify all dates given on this application or on related papers and in interviews. I authorize all individuals, schools, and firms named therein except my current employer if so noted, to provide any information requested about me, and hereby release the company from liability for any damage in providing this information.

I certify that the statements herein are true and understand that any falsification or willed omission shall be sufficient cause for dismissal without the previous notice or refusal of employment.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Print) \_\_\_\_\_