

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Date: _____

PERSONAL INFORMATION:

Name: (Last, First MI) _____ Phone _____

Current Address: _____ How Long _____

City, State, and Zip: _____

Previous Address: _____ How Long _____

City, State, and Zip: _____

Are you 18 years or older? YES NO

Position Seeking: _____ Date you can start: _____

Hours Available: _____ Salary Desired: _____

Are you currently employed? YES NO

Why did you apply for this position: _____

Do you have any medical problems that would hinder you from taking this position: YES NO

EDUCATION

	<u>Name & Location</u>	<u>No. of Years</u>	<u>Graduated</u>	<u>Subject Studied</u>
High School	_____	_____	YES NO	_____

College	_____	_____	YES NO	_____

Graduate	_____	_____	YES NO	_____

FORMER EMPLOYERS

Name of last or present Employer:

_____ Position: _____

Address _____ City _____ State _____ Zip _____

Starting Date: _____ Leaving Date: _____ Starting Salary: _____ Ending Salary: _____

Supervisor Name: _____ Title: _____ Phone: _____

Description of Work: _____ May we contact your supervisor? YES NO

Reason for Leaving: _____

Name of previous employer: _____ **Position:** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Starting Date: _____ **Leaving Date:** _____ **Starting Salary:** _____ **Ending Salary:** _____
Supervisor Name: _____ **Title:** _____ **Phone:** _____
Description of Work: _____ **May we contact your supervisor?** YES NO

Reason for Leaving: _____

Name of previous employer: _____ **Position:** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Starting Date: _____ **Leaving Date:** _____ **Starting Salary:** _____ **Ending Salary:** _____
Supervisor Name: _____ **Title:** _____ **Phone:** _____
Description of Work: _____ **May we contact your supervisor?** YES NO

Reason for Leaving: _____

GENERAL

Subject of Special Interest: _____

Special training: _____

Special Skills: _____

REFERENCES

Please list the names of three persons you are not related to, whom you have known at least one year.

Name	Address	Phone	Years Acquainted
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

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.”

Signature _____ **Date** _____