

APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

DATE: _____

PERSONAL INFORMATION

NAME (FIRST, MIDDLE, LAST):	PRESENT ADDRESS:
E-MAIL:	PREVIOUS ADDRESS:
PHONE:	PHONE 2:
<i>CIRCLE ONE</i>	
REFERRED BY: (WALK-IN / NEWSPAPER / INTERNET / PERSON -WHO?: _____)	

EMPLOYMENT DESIRED

Position applying for and location?	Date you can start work?
Are you currently employed? If yes where? Yes / No	If hired, how long you anticipate working for us?
Do you have reliable transportation? Yes / No	What commitments do you have outside of work?
PLEASE CIRCLE: EVER APPLIED TO THIS COMPANY BEFORE: NO / YES	

EDUCATION HISTORY

NAME AND LOCATION	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL:			
COLLEGE:			
TRADE, BUSINESS SCHOOL:			

SKILLS / APTITUDE

Why are you interested in working here? What can you provide to this company?
SUBJECTS OR SPECIAL STUDY / RESEARCH / SPECIAL TRAINING / CERTIFICATIONS:
PLEASE INDICATE WHAT DAYS AND TIMES YOU ARE NOT AVAILABLE FOR WORK. Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday
US MILITARY OR NAVAL SERVICE: RANK?

FORMER EMPLOYERS (LAST 4, START WITH LAST ONE FIRST)

DATES	NAME	ADDRESS	SALARY	POSITION	REASON FOR LEAVING
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					

REFERENCES

NAME	ADDRESS AND PHONE	BUSINESS	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 also understand and agree that this is an “at will” employer, we have the right to release you from employment at will without prior notice or requirement cause. Furthermore, 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.

I authorize investigations 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, criminal, or otherwise, and release the company from all liability for any damage that may result from utilization of such information. (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 and other relevant federal and state laws.)”

DATE _____

SIGNATURE _____

NOTES:
