

Application for Employment

(Use black or blue ink only – please print)

Position for which you are applying:

Expected Wage

Last Name

First

Middle

Nickname

Street Address

Apt. No.

City

State

Zip

Area Code & Telephone

Email address

How did you learn about us?

Advertisement

Friend/Relative

Employment Agency

Other _____

Are you a citizen of the United States?

Yes

No

If not, do you have an Alien Registration Card?

Yes

No

Number _____

Have you filed an application with us before?

Yes

No

Date _____

Have you ever been employed here before?

Yes

No

Date _____

Do you have any friends or relatives who work for us?

Yes

No

Name _____

Are you available to work?

Full Time

Part Time

Shift Work

Can you work overtime when necessary?

Yes

No

Are you eligible to be bonded?

Yes

No

Do you have a driver's license?

Yes

No

No. _____

Do you have reliable transportation?

Yes

No

Are you on lay-off and subject to recall?

Yes

No

Can you travel if a job requires it?

Yes

No

Would you be willing to relocate?

Yes

No

Are you a Veteran of the United States military?

Yes

No

Branch _____

Are you a member of the National Guard or Reserves?

Yes

No

Branch _____

Have you been convicted of a felony in the last seven years?

Yes

No

If yes, please explain

Please give the name, address, and telephone number of three references not related to you:

Do you have any medical, physical, or mental impairment, which would limit you from performing the job for which you are applying? Yes No

If yes, please explain

Work History

Month/Year Began

Month/Year Left

Beginning Wage

Final Wage

Employer

Job Title

Supervisor's Name

Address, City, State, Zip

Telephone

Reason for Leaving

Duties Performed

Work History (continued)

Month/Year Began	Month/Year Left	Beginning Wage	Final Wage
Employer	Job Title	Supervisor's Name	
Address, City, State, Zip			Telephone
Reason for Leaving			
Duties Performed			

Month/Year Began	Month/Year Left	Beginning Wage	Final Wage
Employer	Job Title	Supervisor's Name	
Address, City, State, Zip			Telephone
Reason for Leaving			
Duties Performed			

Education

High School (name, city, state)	Graduation Date	Program or Major	Diploma or Degree
Vocational/Technical School (name, city, state)	Years Completed	Program or Major	Diploma or Degree
College (name, city, state)	Years Completed	Program or Major	Diploma or Degree
Graduate/Professional (name, city, state)	Years Completed	Program or Major	Diploma or Degree
Other Specialized Training, Apprenticeship, Skills, or Activities			

Please give any additional information you feel may be helpful when considering your application:

I understand that this application for employment will be given every consideration, but its receipt does not constitute a contract of employment, nor does it imply that I will be hired.

I certify that all answers given on this employment application are true and complete to the best of my knowledge and that any misrepresentation or omission is sufficient cause for immediate termination of employment by the employer without incurring any liability or obligation.

I hereby acknowledge that I have read and understand this agreement.

Signature of the Applicant

Date Signed