



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

Company Name: _____ Location: _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE CONDITIONS:		
DO YOU POSSESS A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU WILLING TO WORK AT VARIOUS LOCATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHAT DAYS OR HOURS ARE YOU NOT AVAILABLE FOR WORK?		ARE YOU AVAILABLE TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, CORRESPONDENCE SCHOOL			

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME, ADDRESS, PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

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.

I understand and agree that any offer for employment will not be for any specified period of time, unless it is in writing and signed by an authorized company representative.

SIGNATURE: _____ **DATE:** _____