



Employment Application

An Equal Opportunity Employer

Applicant Information

Today's Date _____

Name (Last, First, Middle Initial)		Social Security Number -- --	
Present Address	City	State	Zip
Phone Number	Cell Number	E-mail	
Referred By			

Employment Interest

Position Desired	Available Start Date	Salary Desired
Part-time or Full-time work desired	Days/Hours available	
Currently Employed	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education History

Name and Location of School	Years attended	Graduated	Subjects Studied
High School			
College			
Trade, Business or correspondence School			

General Information

Subjects of Special Study, work, or special training/skills

Former Employers

List below last four employers, starting with last one first

From To	Employer and address	Salary	Position	Reason for leaving
From To	Employer and address	Salary	Position	Reason for leaving
From To	Employer and address	Salary	Position	Reason for leaving
From To	Employer and address	Salary	Position	Reason for leaving

References

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address/Phone	Business	Years Known
Name	Address/Phone	Business	Years Known
Name	Address/Phone	Business	Years Known

Emergency Contact Name and Phone:

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 also understand and agree that 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.

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 (ADA) and other relevant federal and state laws."

Date _____ Signature _____

Interviewed by _____ Date _____

DO NOT WRITE BELOW THIS LINE

Remarks _____

Appearance	Character	Personality	Abilities
Hired	Position	Start Date	Salary/Wage
			Other