



**DATE** \_\_\_\_\_

**Name** \_\_\_\_\_

Last                      First                      Middle

**Present address** \_\_\_\_\_

Number                      Street                      City                      State                      Zip

**Telephone** (\_\_\_\_) \_\_\_\_\_                      Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Cell phone** (\_\_\_\_) \_\_\_\_\_                      **Position applied for** (1) \_\_\_\_\_

**and salary desired** (2) \_\_\_\_\_

**Start date available for work?** \_\_\_\_\_                      (Be specific)

**How many hours can you work weekly?** \_\_\_\_\_                      **Can you work weekends?** \_\_\_\_\_

**Referred by** \_\_\_\_\_

**Have you ever applied or worked here before?** \_\_\_\_\_                      **If yes, when?** \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	DATE/YEAR COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?**     No                       Yes

**If yes, explain number of conviction(s), nature of offense.** \_\_\_\_\_  
 \_\_\_\_\_

**DO YOU HAVE A VALID DRIVER'S LICENSE?**     Yes                       No

**DO YOU HAVE A CLEAR DRIVING RECORD?**     Yes                       No

**DO YOU HAVE TRANSPORATION TO WORK?**     Yes                       No

**Driver's license number** \_\_\_\_\_  
**State of issue** \_\_\_\_\_     Operator     Commercial (CDL)     Chauffeur

**Expiration date** \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

**OFFICE  
POSITIONS ONLY**

<b>Typing</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	Word	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	_____ WPM	10-key	Processing	<input type="checkbox"/> No
					_____ WPM
<b>Computer</b>	<input type="checkbox"/> Yes	PC <input type="checkbox"/>	Other	_____	
	<input type="checkbox"/> No	Mac <input type="checkbox"/>	Skills	_____	

Please list two references not relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone ( ) _____	Telephone ( ) _____

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

**\*\*May we contact your present/Previous employer?**  Yes  No

<b>Name of employer</b> Address City, State, Zip Code Phone number	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		From To	Start Final
	<b>Your last job title</b>		

**Reason for leaving (be specific)**

**List your responsibilities.**

<b>Name of employer</b> Address City, State, Zip Code Phone number	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		From To	Start Final
	<b>Your Last Job Title</b>		

**Reason for leaving (be specific)**

**List your responsibilities.**

<b>Name of employer</b> Address City, State, Zip Code Phone number	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		From To	Start Final
	<b>Your last job title</b>		
<b>Reason for leaving (be specific)</b>			
<b>List your responsibilities.</b>			

<b>Name of employer</b> Address City, State, Zip Code Phone number	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		From To	Start Final
	<b>Your last job title</b>		
<b>Reason for leaving (be specific)</b>			
<b>List your responsibilities.</b>			

**APPLICATION WAIVER**

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

<b>PLEASE PRINT ALL          INFORMATION REQUESTED          EXCEPT SIGNATURE</b>
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PLEASE DO NOT FILL OUT THIS PAGE!

**POST EMPLOYMENT INFORMATION FORM**

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

TO BE COMPLETED  
BY EMPLOYER

Date of employment \_\_\_\_\_ Job title \_\_\_\_\_ Dept. \_\_\_\_\_

Location \_\_\_\_\_ Rate of pay \_\_\_\_\_  Full-time  Part-time  Salaried

Applicant's signature acknowledging above information \_\_\_\_\_

Drug test confirmation number \_\_\_\_\_

Name of person verifying information \_\_\_\_\_

Name of person authorizing employment \_\_\_\_\_