



# Application for Employment

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Referred by anyone?  Yes  No Name: \_\_\_\_\_

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_  Full Time  Part Time  
 Are you currently employed?  Yes  No If so, may we contact your current employer?  Yes  No  
 Have you ever applied to this company before?  Yes  No When? \_\_\_\_\_

## EDUCATION HISTORY

Name and Location of School	Years Attended	Graduate?	Subject(s) of Study
High School			
College			
Trade, Technical, Etc.			

## GENERAL INFORMATION

Please list any special skills or training that you feel would be useful on the job: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

U.S Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_

## FORMER EMPLOYERS (List your last 4 employers, starting with the most recent.)

Dates of Employment	Name and Address of Employer	Position	Salary	Reason for Leaving
From To				

**REFERENCES** (Please list three persons not related to you that you have known for at least one year.) \_\_\_\_\_

Name and Address	How do you know this person?	Phone Number (required)	Years Known

**AUTHORIZATION**

I certify that the statements and facts contained in this application are true to the best of my knowledge and understand that any false statements or misrepresentations are grounds for dismissal. I authorize the investigation of all statements and facts contained in this application, including the personal references and previous and current employers. I also 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 employment agreement for any specified period of time. 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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FOR INTERVIEWER'S USE ONLY

Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Notes:

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