



# Application for Employment

An Equal Opportunity Employer  
Please fill out completely in blue or black ink

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit*

\_\_\_\_\_  
*City State Zip Code*

Phone: \_\_\_\_\_  
*Home Cell (If different)*

Position Applied for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

Are you a citizen of the United States? Y  N  If no, are you authorized to work in the U.S? Y  N

Are you 18 years of age or older? Y  N

Have you ever applied to this company? Y  N  If yes, when? \_\_\_\_\_

You must have a valid driver's license to be considered for any position.

Do you have a valid driver's license? Y  N

Are you currently employed? Y  N  If yes, where? \_\_\_\_\_

Referred by? \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Location: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Y  N  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Location: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Y  N  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Location: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Y  N  Certification \_\_\_\_\_

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Present membership in Natl Guard or Reserves? \_\_\_\_\_

### Previous Employment

|            |       |                  |         |                     |         |
|------------|-------|------------------|---------|---------------------|---------|
| Company:   | _____ | Phone:           | _____   |                     |         |
| Address:   | _____ | Supervisor:      | _____   |                     |         |
| Job Title: | _____ | Starting Salary: | \$_____ | Ending Salary:      | \$_____ |
| From:      | _____ | To:              | _____   | Reason for Leaving: | _____   |
| Company:   | _____ | Phone:           | _____   |                     |         |
| Address:   | _____ | Supervisor:      | _____   |                     |         |
| Job Title: | _____ | Starting Salary: | \$_____ | Ending Salary:      | \$_____ |
| From:      | _____ | To:              | _____   | Reason for Leaving: | _____   |
| Company:   | _____ | Phone:           | _____   |                     |         |
| Address:   | _____ | Supervisor:      | _____   |                     |         |
| Job Title: | _____ | Starting Salary: | \$_____ | Ending Salary:      | \$_____ |
| From:      | _____ | To:              | _____   | Reason for Leaving: | _____   |

Which of these jobs did you like the best? \_\_\_\_\_

What did you enjoy most about this job? \_\_\_\_\_

### Subjects of Special Study/ Skills & Certifications

\_\_\_\_\_  
\_\_\_\_\_

### References

*Please list three professional references.*

|               |       |              |       |               |       |
|---------------|-------|--------------|-------|---------------|-------|
| Full Name:    | _____ | Company:     | _____ |               |       |
| Relationship: | _____ | Years known: | _____ | Contact Info: | _____ |
| Full Name:    | _____ | Company:     | _____ |               |       |
| Relationship: | _____ | Years known: | _____ | Contact Info: | _____ |
| Full Name:    | _____ | Company:     | _____ |               |       |
| Relationship: | _____ | Years known: | _____ | Contact Info: | _____ |

### Emergency Contact

In case of emergency contact: \_\_\_\_\_  
*Name Contact Info Relationship*

### Disclaimer & Signature

*I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.*

*In consideration of my employment, I agree to conform to the company's rules and regulations, and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only in writing and signed by the president, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.*

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