

# Application for Employment

(PLEASE PRINT PLAINLY)

NAME (LAST)		(FIRST)	(MIDDLE INITIAL)	SOCIAL SECURITY NO.	PHONE NUMBER:	
PRESENT ADDRESS:			CITY:	STATE:	SINCE:	
PREVIOUS ADDRESS:			CITY:	STATE:	FROM:	TO:
PREVIOUS ADDRESS:			CITY:	STATE:	FROM:	TO:
DATE OF BIRTH	HEIGHT	WEIGHT	COLOR OF HAIR		COLOR OF EYES	
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED			NUMBER OF CHILDREN	DEPENDENTS OTHER THAN WIFE OR CHILDREN	CITIZEN OF U.S. YES:   NO	
TYPE OF WORK DESIRED:						
<input type="checkbox"/> PERMANENT <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY			HOW LONG DO YOU PLAN TO WORK?	SALARY REQUIRED: \$		
DO YOU HAVE ANY PHYSICAL HANDICAPS WHICH WOULD PREVENT YOU FROM PERFORMING SPECIFIC KINDS OF WORK? IF YES, EXPLAIN:						
HAVE YOU HAD A SERIOUS ILLNESS IN THE PAST 5 YEARS? IF YES, DESCRIBE:						
HOW MANY DAYS HAVE YOU BEEN ABSENT FROM WORK THE LAST 12 MONTHS?				DUE TO ILLNESS:	FOR OTHER REASONS:	
HOW MANY DAYS WERE YOU ABSENT FROM WORK THE PREVIOUS 12 MONTHS?				DUE TO ILLNESS:	FOR OTHER REASONS:	
LIST ANY FRIENDS OR RELATIVES WORKING FOR US.						
IF HIRED, ON WHAT DAY WILL YOU BE AVAILABLE TO START WORK?						
IF HIRED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK?						
HAVE YOU EVER SERVED IN THE ARMED FORCES? IF YES, DESCRIBE.						
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF SO, EXPLAIN CIRCUMSTANCES.						
LIST ANY SPECIAL QUALIFICATIONS OR REASONS AS TO WHY YOU WOULD LIKE TO WORK HERE:						

### EDUCATIONAL RECORD

HIGH SCHOOL	NAME:	CITY AND STATE:	FROM:	TO:	YRS. COMP.	YR. GR.
HIGH SCHOOL	NAME:	CITY AND STATE:	FROM:	TO:	YRS. COMP.	YR. GR.
COLLEGE OR UNIV.	NAME:	CITY AND STATE:	FROM:	TO:	YRS. COMP.	YR. GR.
COLLEGE OR UNIV.	NAME:	CITY AND STATE:	FROM:	TO:	YRS. COMP.	YR. GR.
COLLEGE WORK	COURSES OF STUDY:		DEGREES RECEIVED:			
OTHER	NAME		FROM:	TO:	COURSE OF STUDY	

**Personal References**

(Excluding Former Employers or Relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)**

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
		_____				

Describe in detail the work you did.

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
		_____				

Describe in detail the work you did.

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
		_____				

Describe in detail the work you did.

May we contact the employers listed above? \_\_\_\_\_ If not, indicate below what one(s) you do not wish us to contact

Person to notify in case of accident: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Referred By: \_\_\_\_\_

**PLEASE READ CAREFULLY**

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are

hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.\*

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

\*NOTE: The Provisions of the Fair Credit Reporting Act will be applicable if a credit report on the applicant is obtained and considered.

**SPACE BELOW FOR OFFICE USE ONLY**

Interviewed By: _____	Date Accepted: _____	Date Started: _____	Department: _____	Starting Salary: _____
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