

**THIS APPLICATION
MUST BE IN YOUR
OWN HANDWRITING**

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

**ALL QUESTIONS ON
THIS FORM MUST
BE ANSWERED**

PERSONAL INFORMATION

| | | | |
|---|-------|--------|---------------------|
| LAST NAME | FIRST | MIDDLE | SOCIAL SECURITY NO. |
| ADDRESS | | | DATE |
| CITY | STATE | ZIP | HOME TELEPHONE |
| | | | BUSINESS TELEPHONE |
| Do you have the legal right to remain and work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Type of Visa (if applicable) | | | |
| Have you ever been convicted of any crime other than a minor traffic offense within the last five years? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, nature of crime, when, and disposition of case (conviction of a crime is not an automatic bar to employment). _____ _____ | | | |

EDUCATIONAL BACKGROUND

| | Name & Location | Course of Study | Did you graduate? If so, degree received. |
|------------------------|-----------------|-----------------|--|
| High School | | | |
| College | | | |
| Trade/Technical School | | | |
| Other | | | |

GENERAL

| |
|--|
| Position Applying for _____ |
| Salary desired _____ Date available for work _____ |
| How were you referred to this organization? _____ |
| Do you have any friends or relatives in our employ? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| If yes, give details: Name(s) _____ Relationship _____ |
| Have you ever worked for this organization before? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| If yes, give details: Dates _____ Position _____ |

**This application is current for 1 year,
at the conclusion of which time, if you have not heard from us
and still wish to be considered for employment,
it will be necessary for you to fill out a new application.**

MILITARY SERVICE

Branch of Service _____ From _____ To _____
 Rank at time of discharge _____
 Description of duties _____

HEALTH INFORMATION

Do you have any physical impairments that would interfere with your ability to perform the job you applied for?

No Yes

If yes, please explain: _____

In Case of Emergency, Notify:

Name _____ Telephone Number () _____
 Address _____

CERTIFICATION

All statements made by me in connection with this application are correct to the best of my knowledge. I understand that any falsification of information may result in refusal to hire or termination in the event that I am hired. Further, I hereby grant the _____ or any of its subsidiary organizations permission to investigate my suitability for employment based on information contained herein unless otherwise noted. Further, I hereby forever release the _____ and its subsidiary organizations from all liability arising from, incident to, or connected with such inquiry or the result of such inquiry. I understand that prior to assuming any job, I will be subject to a pre-employment physical which will include substance (drug) screening.

 Applicant's Signature

 Date

DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|-----------|----------------|-------------|-------------|------|--------------|
| INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO | | INTERVIEWED BY | | | DATE | |
| ABILITY | CHARACTER | NEATNESS | PERSONALITY | | | |
| REMARKS | | | | | | |
| | | | | | | |
| HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO | | DEPT. | POSITION | WILL REPORT | WAGE | EMPLOYEE NO. |
| APPROVED | | | | APPROVED | | |

EMPLOYMENT HISTORY

Most Recent or Present Employer

Name of Company _____ From _____ To _____

Address _____ Phone () _____

Your Job Title and Duties _____

Supervisor _____ Starting Pay _____ Ending Pay _____

Reason for leaving _____

Next Previous Employer

Name of Company _____ From _____ To _____

Address _____ Phone () _____

Your Job Title and Duties _____

Supervisor _____ Starting Pay _____ Ending Pay _____

Reason for leaving _____

Next Previous Employer

Name of Company _____ From _____ To _____

Address _____ Phone () _____

Your Job Title and Duties _____

Supervisor _____ Starting Pay _____ Ending Pay _____

Reason for leaving _____

Next Previous Employer

Name of Company _____ From _____ To _____

Address _____ Phone () _____

Your Job Title and Duties _____

Supervisor _____ Starting Pay _____ Ending Pay _____

Reason for leaving _____

References

(At least three people not related)

Name

Address

Phone #

| Name | Address | Phone # |
|------|---------|---------|
| | | |
| | | |
| | | |
| | | |

