

APPLICATION FOR EMPLOYMENT

DATE: _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	REFERRED BY	DRIVER'S LICENSE #	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? Yes <input type="checkbox"/> No <input type="checkbox"/>	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EVER APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, WHEN?	

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			N/A
HIGH SCHOOL			N/A
COLLEGE			
BUSINESS OR TRADE SCHOOL			

GENERAL

SPECIAL SKILLS, TRAINING, AND LICENSES:

U.S. MILITARY OR NAVAL SERVICE:	RANK:

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS	HIRED	
PERSONALITY	START DATE	POSITION
ABILITY	SALARY / WAGES	

APPROVED:

FORMER EMPLOYERS

(LIST BELOW LAST SEVEN EMPLOYERS, STARTING WITH **THE LAST ONE FIRST**)

DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	CONTACT PERSON OR SUPERVISOR	POSITION	SALARY	REASON FOR LEAVING
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN **AT LEAST ONE YEAR**.

	NAME	ADDRESS	TELEPHONE #	YEARS KNOWN	OCCUPATION
1					
2					
3					

The position you are applying for will require a physical effort on your part. This will include the lifting of materials and equipment. For your protection, we want to be sure that your medical condition is such that you can handle such duties.

Have you ever sustained an injury to your back, arms, hands, or legs? _____

If the answer is yes, please explain _____

Do you have any medical condition which impacts on your ability to utilize your back, arms, hands, or legs? _____

If the answer is yes, please explain _____

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND 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 AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____

DATE _____

(CONTINUED ON NEXT PAGE)

