

# APPLICATION FOR EMPLOYMENT

**EQUAL OPPORTUNITY EMPLOYER**

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

Name \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_

Present Address \_\_\_\_\_

how long have you lived there? \_\_\_\_\_

Previous Address \_\_\_\_\_

how long did you live there? \_\_\_\_\_

Position applied for \_\_\_\_\_

Earnings Expected \_\_\_\_\_ per \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No Are you seeking full-time  or part-time  work?

Are you employed now?  Yes  No Have you worked for our company before?  Yes  No If yes, from \_\_\_\_\_ to \_\_\_\_\_

If you are employed, why do you want to change jobs? \_\_\_\_\_

Are you known by another name (alias)?  Yes  No If yes, name used \_\_\_\_\_

Are you over 21?  Yes  No if under 18, date of birth \_\_\_\_\_ Date available to start work \_\_\_\_\_

Have you ever been terminated by an employer?  Yes  No if yes, give details \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No if yes, give date and nature of offense and disposition of case \_\_\_\_\_

(A conviction record will not necessarily be a bar to employment and factors such as age and time of offense, seriousness and nature of the violation and rehabilitation will be taken into account.)

Have you ever received unemployment compensation?  Yes  No If yes, when \_\_\_\_\_ and from what employers \_\_\_\_\_

**PERSONAL REFERENCES (not former employers or relatives)**

Name	Address	Phone

**RECORD OF EDUCATION**

School	Name and address of school	Country	Course of study	Circle last year completed	Did you graduate?
Elementary				5 6 7 8	
High School				1 2 3 4	
College				1 2 3 4	
Other (specify)				1 2 3 4	

**MILITARY SERVICE RECORD**

Have you served in the U.S. Armed Forces?  Yes  No If yes, which branch of service \_\_\_\_\_

Have you received dishonorable discharge?  Yes  No if yes, give details \_\_\_\_\_

List types of machines, equipment or software you are trained to operate

\_\_\_\_\_

\_\_\_\_\_

List any job related special licenses and/or certificates you now hold

\_\_\_\_\_

\_\_\_\_\_

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Present and past employment record (begin with most recent or present employer)

Name and address

Of employer \_\_\_\_\_ Phone \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_ Date hired \_\_\_\_\_ Starting salary/rate of pay \_\_\_\_\_

Describe your Duties \_\_\_\_\_ Last salary/rate of pay \_\_\_\_\_

Still working? \_\_\_\_\_ Date Left \_\_\_\_\_ Quit? \_\_\_\_\_ Laid off? \_\_\_\_\_ Terminated? \_\_\_\_\_ Other? \_\_\_\_\_

If still employed, may we contact your present employer?  Yes  No

Name and address

Of employer \_\_\_\_\_ Phone \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_ Date hired \_\_\_\_\_ Starting salary/rate of pay \_\_\_\_\_

Describe your Duties \_\_\_\_\_ Last salary/rate of pay \_\_\_\_\_

Still working? \_\_\_\_\_ Date Left \_\_\_\_\_ Quit? \_\_\_\_\_ Laid off? \_\_\_\_\_ Terminated? \_\_\_\_\_ Other? \_\_\_\_\_

If still employed, may we contact your present employer?  Yes  No

Name and address

Of employer \_\_\_\_\_ Phone \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_ Date hired \_\_\_\_\_ Starting salary/rate of pay \_\_\_\_\_

Describe your Duties \_\_\_\_\_ Last salary/rate of pay \_\_\_\_\_

Still working? \_\_\_\_\_ Date Left \_\_\_\_\_ Quit? \_\_\_\_\_ Laid off? \_\_\_\_\_ Terminated? \_\_\_\_\_ Other? \_\_\_\_\_

If still employed, may we contact your present employer?  Yes  No

Will your present/past employment records show that you attended regularly and performed a reasonable day's work?  Yes  No

**DRIVER APPLICANTS MUST COMPLETE THE FOLLOWING (Attach additional sheet of paper if necessary)**

List names, addresses, dates of employment and reason for leaving such employment of other companies you have worked for in the last 10 years. \_\_\_\_\_

The following is a true and complete list of traffic violations (other than parking tickets) for which I have knowingly been convicted or forfeited bond or collateral during the last 36 months. \_\_\_\_\_

The following is a true and complete list of all motor vehicle accidents I was involved in during the last 36 months (give nature of each accident and any fatalities or personal injuries caused.) \_\_\_\_\_

Have you had your privilege, license or permit to operate a motor vehicle suspended, denied or revoked?  Yes  No if yes, give details. \_\_\_\_\_

Do you have a valid drivers or commercial driver license?  Yes  No If yes, what is the expiration date \_\_\_\_\_, License number \_\_\_\_\_ and state of issue \_\_\_\_\_?

## JOB APPLICANTS AGREEMENT AND CERTIFICATION (PLEASE READ CAREFULLY)

I authorize the investigation of all matters contained in this application and hereby give the company permission to contact schools, references, previous employers (unless otherwise indicated) and others, and hereby release the company from any liability as a result of each contact. I understand that any misrepresentation or omission of important facts and relevant information called for is just cause for dismissal at any time without previous notice. I further understand that the first ninety days of employment with this company shall be a trial period, and further that at any time during the trial period and thereafter, my "at will" employment relationship with the company is terminable for any reason or no reason by either party. If employed, I understand that the company may unilaterally change or revise benefits, policies and procedures and such change may include reduction in benefits. I understand that my employment is dependent upon meeting the requirements of the Immigration Reform and Control Act of 1986. If no action is taken on this application within 365 days of signature, it will be destroyed. I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_