



## Application for Employment

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Name: \_\_\_\_\_  
(Last / First / Middle)

Address: \_\_\_\_\_  
(No. Street / City / State / Zip)

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No Do you have transportation to work  Yes  No

If hired, can you provide written evidence that you are authorized to work in the U.S.?  Yes  No

In case of an emergency, contact \_\_\_\_\_ Phone # \_\_\_\_\_

### EDUCATION

<u>Type</u>	<u>Name/Location</u>	<u>Course of Study</u>	<u># Years Completed</u>	<u>Degree/Diploma</u>
Elementary & Jr. High	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical or Other	_____	_____	_____	_____

### U.S. MILITARY SERVICE

Branch of Service \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Rank and Type of Service \_\_\_\_\_

Training/Experience Received \_\_\_\_\_



**EMPLOYMENT RECORD**

*(Your present or most recent employer:)*

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Employed (date) from \_\_\_\_\_ to (date) \_\_\_\_\_ Ending Salary/Rate \_\_\_\_\_

Supervisor \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Employed (date) from \_\_\_\_\_ to (date) \_\_\_\_\_ Ending Salary/Rate \_\_\_\_\_

Supervisor \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Employed (date) from \_\_\_\_\_ to (date) \_\_\_\_\_ Ending Salary/Rate \_\_\_\_\_

Supervisor \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**REFERENCES (Do Not Include Relatives)**

Name/ Occupation/ Years/ Known Address

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



**EMPLOYMENT**

Type of Work Desired \_\_\_\_\_  Part Time  Full Time

Date Available for Employment \_\_\_\_\_ Min Salary Requirements \$ \_\_\_\_\_

How Were You Referred To Our Organization? \_\_\_\_\_

Do You Have Any Relatives Who Are Employed By This Organization?  Yes  No

Please Specify : \_\_\_\_\_

Is there any information we would need about your name, or use of another name, for us to be able to check your work record?  Yes  No

Please Specify : \_\_\_\_\_

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

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

**APPLICANT'S STATEMENT**

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

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