

Employment Application

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| Personal Information |
| **Last Name** | Last Name |  | **First Name** | First Name |
| **Address** | Address | **Apt #** | Apt # |
| **City** | City |  | **State** | State | **Zip** | Zip |
| **Phone** | Phone |  | **E-Mail** | E-Mail |
| **Social Security #** | SS# |  |  |  |  |  |
| **Driver’s License #** | DL# |  | **Are you 18 years or older?** | Yes [ ]  | No [ ]  |
|  |
| Desired Employment |
| **Desired Position** | Position |  | **Start Date** | Start Date |
| **Desired Pay** | Pay |  | **Are you currently employed?**  | Yes [ ]  | No [ ]  |
| **If currently employed, may we contact you employer?** | Yes [ ]  | No [ ]  |
|  |  |  |  |  |  |  |
| Education |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Level** | **Name & Location of School** | **Years Attended** | **Did you graduate?** | **Major** |
| **Grammar School** | Grammar School Name | Years | Yes ☐ | No ☐ |  |
| Grammar School Location |
| **High School** | High School Name | Years | Yes ☐ | No ☐ | Major |
| High School Location |
| **College** | College Name | Years | Yes ☐ | No ☐ | Major |
| College Location |
| **Trade, Business or Correspondence** | Other School Name | Years | Yes ☐ | No ☐ | Major |
| Other School Location |
|  |  |  |
| **Have you been convicted of a felony within the last 5 years?**  | Yes [ ]  | No [ ]  |
| **If yes, explain (this will not necessarily exclude you from employment consideration):**  |
| If yes, explain |
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|  |
| Former Employers |
| List below your last three employers, starting with the most recent: |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer** | Employer |  | **Job Title** | Title |
| **Address** | Address |
| **City** | City |  | **State** | State | **Zip** | Zip |
| **Phone** | Phone |  | **Supervisor** | Supervisor |
| **Start Date** | Start | **End Date** | End |  | **Start Salary** | **$** Start | **End Salary** | **$** End |
| **Description of Work** | Description of Work |
|  |  |
| **Reason for Leaving** | Reason for Leaving |
|  |  |
|  |  |
| **Employer** | Employer |  | **Job Title** | Title |
| **Address** | Address |
| **City** | City |  | **State** | State | **Zip** | Zip |
| **Phone** | Phone |  | **Supervisor** | Supervisor |
| **Start Date** | Start | **End Date** | End |  | **Start Salary** | **$** Start | **End Salary** | **$** End |
| **Description of Work** | Description of Work |
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| **Employer** | Employer |  | **Job Title** | Title |
| **Address** | Address |
| **City** | City |  | **State** | State | **Zip** | Zip |
| **Phone** | Phone |  | **Supervisor** | Supervisor |
| **Start Date** | Start | **End Date** | End |  | **Start Salary** | **$** Start | **End Salary** | **$** End |
| **Description of Work** | Description of Work |
|  |  |
| **Reason for Leaving** | Reason for Leaving |
|  |  |
|  |  |
| References |
| List below three people whom you have known at least one year:  |

|  |  |  |  |
| --- | --- | --- | --- |
| **First & Last Name** | **Address & Phone Number** | **Business** | **Relationship** |
| Ref Name 1 | Address | Business | Relationship |
| Phone Number |
| Ref Name 2 | Address | Business | Relationship |
| Phone Number |
| Ref Name 3 | Address | Business | Relationship |
| Phone Number |
|  |  |  |  |  |

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| Emergency Notification |
| List individual to notify in the event of an emergency:  |

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| --- | --- | --- | --- |
| **First & Last Name** | **Address**  | **Phone Number** | **Alt. Phone Number** |
| Emergency Contact | Address | Phone 1 | Phone 2 |

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| 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.  |
|  |  | Today’s date. |
| Signature |  | Date |
|  |
| - - - ***OFFICE USE ONLY*** - - - |
| **DL COPY** | Y | N | **DL #** |  | **SS COPY** | Y | N | **SS #** | \_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_ |