



## Application for Employment

|                            |                              |                             |       |     |
|----------------------------|------------------------------|-----------------------------|-------|-----|
| NAME (LAST NAME FIRST)     |                              | SOCIAL SECURITY NUMBER      |       |     |
| PRESENT ADDRESS            |                              | CITY                        | STATE | ZIP |
| PERMANENT ADDRESS          |                              | CITY                        | STATE | ZIP |
| ARE YOU 18 YEARS OR OLDER? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | PHONE |     |

### Desired Employment

|   |                              |                             |  |                              |                             |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| POSITION                                | DATE YOU CAN START:          | Desired Hours:              | PT <input type="checkbox"/>                    | FT <input type="checkbox"/>  |                             |
| ARE YOU EMPLOYED NOW?                   | 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?    | WHEN?                        |                             |  |                              |                             |
| EVER WORKED FOR THIS COMPANY BEFORE?    | WHEN?                        |                             |  |                              |                             |
| REASON FOR LEAVING?                     |                              |                             |  |                              |                             |
| NAME OF LAST SUPERVISOR AT THIS COMPANY |                              |                             |  |                              |                             |

### Education

| NAME AND LOCATION                              | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|-------------------|------------------|
| HIGH SCHOOL                                    |                   |                  |
| COLLEGE  |                   |                  |
| TRADE, BUSINESS OR<br>CORRESPONDENCE<br>SCHOOL |                   |                  |

### General Information (Information that is pertinent to the position for which you are applying)

|  |  |
|--|--|
| SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK |  |
| SPECIAL TRAINING                           |  |
| SPECIAL SKILLS                             |  |

# Former Employers

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

|                                  |                     |                                 |       |     |
|----------------------------------|---------------------|---------------------------------|-------|-----|
| NAME OF PRESENT OR LAST EMPLOYER |                     |                                 |       |     |
| ADDRESS                          |                     | CITY                            | STATE | ZIP |
| STARTING DATE                    | LEAVING DATE        | JOB TITLE                       |       |     |
| WEEKLY STARTING SALARY           | WEEKLY FINAL SALARY | MAY WE CONTACT YOUR SUPERVISOR? |       |     |
| NAME OF SUPERVISOR               | TITLE               | PHONE                           |       |     |
| DESCRIPTION OF WORK              |                     |                                 |       |     |
|                                  |                     |                                 |       |     |
|                                  |                     |                                 |       |     |
| REASON FOR LEAVING               |                     |                                 |       |     |
|                                  |                     |                                 |       |     |

|                                  |                     |                                 |       |     |
|----------------------------------|---------------------|---------------------------------|-------|-----|
| NAME OF PRESENT OR LAST EMPLOYER |                     |                                 |       |     |
| ADDRESS                          |                     | CITY                            | STATE | ZIP |
| STARTING DATE                    | LEAVING DATE        | JOB TITLE                       |       |     |
| WEEKLY STARTING SALARY           | WEEKLY FINAL SALARY | MAY WE CONTACT YOUR SUPERVISOR? |       |     |
| NAME OF SUPERVISOR               | TITLE               | PHONE                           |       |     |
| DESCRIPTION OF WORK              |                     |                                 |       |     |
|                                  |                     |                                 |       |     |
|                                  |                     |                                 |       |     |
| REASON FOR LEAVING               |                     |                                 |       |     |
|                                  |                     |                                 |       |     |

|                                  |                     |                                 |       |     |
|----------------------------------|---------------------|---------------------------------|-------|-----|
| NAME OF PRESENT OR LAST EMPLOYER |                     |                                 |       |     |
| ADDRESS                          |                     | CITY                            | STATE | ZIP |
| STARTING DATE                    | LEAVING DATE        | JOB TITLE                       |       |     |
| WEEKLY STARTING SALARY           | WEEKLY FINAL SALARY | MAY WE CONTACT YOUR SUPERVISOR? |       |     |
| NAME OF SUPERVISOR               | TITLE               | PHONE                           |       |     |
| DESCRIPTION OF WORK              |                     |                                 |       |     |
|                                  |                     |                                 |       |     |
|                                  |                     |                                 |       |     |
| REASON FOR LEAVING               |                     |                                 |       |     |
|                                  |                     |                                 |       |     |

## References

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

| NAME | ADDRESS & PHONE | BUSINESS |
|------|-----------------|----------|
|      |                 |          |
|      |                 |          |
|      |                 |          |

## Service Record

|   |                        |
|---|------------------------|
| BRANCH OF SERVICE   | DISCHARGE DATE<br>RANK |
| Information that is pertinent to the position for which you are applying: |                        |
|   |                        |
|   |                        |

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO

|   |
|---|
| IF YES EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION) |
|   |
|   |
|   |

### 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 FORGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE

SIGNATURE