

Employment Application

APPLICANT INFORMATION

Last Name				First				M.I.	Date		
Street Address								Apartment/Unit #			
City				State				ZIP			
Phone				E-mail Address							
Date Available				Last 4 of SS #				Desired Salary			
Position Applied for											
Are you authorized to work in the United States of America?	YES <input type="checkbox"/>			NO <input type="checkbox"/>							
Do you have reliable transportation?	YES <input type="checkbox"/>			NO <input type="checkbox"/>			If so, when?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>			NO <input type="checkbox"/>			If yes, explain				

WORK PREFERENCES

Please indicate type of work desired: ☐ Full-time ☐ Part-time ☐ Temporary ☐ Other

Describe the type of work desired:

Describe desired work hours and days:

RECRUITING SOURCE

☐ Walk in ☐ Was recruited ☐ Online notice ☐ School ☐ Employee referral Name:

☐ Other:

EDUCATION

High School				City								
Did you graduate?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		Primary Studies							
College				City								
From		To		Did you graduate?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree/Major			
Other:												
From		To		Did you graduate?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			

SECURITY AND LICENSE INFORMATION

Do you have a valid driver's license? Yes ☐ No ☐

Have you had any traffic violations (other than parking violations) in the last 3 years? Yes ☐ No ☐

If yes, please list violations and dates:

Have you ever been convicted of a criminal offense? Yes ☐ No ☐ If yes, please explain below:

REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
SPECIAL SKILLS – Describe any additional skills you feel more fully explains your qualifications for employment			

MILITARY SERVICE

Branch

From

To

Rank at Discharge

Type of Discharge

DISCLAIMER AND SIGNATURE

As a candidate, you agree to and understand the following:

1. All information on this application is accurate and you understand giving false or incomplete information on this form can lead to you not being considered for employment or if discovered after you have been hired it could lead to your immediate dismissal.

Signature

Date