



## Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	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	

POSITION APPLYING FOR:	
Position Desired:	Salary Desired: \$
How were you referred?	
<input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Referral (Provide Information) <input type="checkbox"/> Website <input type="checkbox"/> Other (provide information)	
Have you ever applied for employment with us before? If "Yes", give date(s) and department/location(s).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by us before? If "Yes", give date(s) and department/location.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you acquainted with or related to any employee of our company? If "Yes", identify by name and relationship.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Available to Start:	Days/Hours Available:
Available to Work:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	

EDUCATION			
High School	Address		
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
College	Address		
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other	Address		

From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
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**REFERENCES**

*Please list three professional references.*

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
Company	Phone (    )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
Company	Phone (    )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving

**MILITARY SERVICE**

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

**WHAT PROFESSIONAL JOB RELATED LICENSES DO YOU HOLD (OMIT THOSE WHICH INDICATE RACE, RELIGION, NATIONAL ORIGIN, COLOR, SEX, AGE OR DISABILITY)?**


**JOB DESCRIPTION ACKNOWLEDGEMENT**

I acknowledge that I have received a copy, understand and can fulfill the position described with minimal to moderate accommodations. If accommodations are required, I can provide a letter that complies with the Americans Disabilities Act.

Signature

Date

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date