



# EMPLOYMENT APPLICATION



## Personal Information

Last Name		First Name		Middle	
Home Address		City		State Zip Code	
E-Mail Address			Cell Phone # ( )		
Home Telephone ( )		Business Telephone ( )		May we contact you at work? Yes No	
Position(s) Applying For: _____					
Date Available: / / Are you interested in (check all that apply):					
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Weekends <input type="checkbox"/> Shift Work <input type="checkbox"/> Overtime					
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No (if applicable)			Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No What percent? _____% (if applicable)		
How were you referred to our Company?					

## Education

Type of School	Name and Address of School	Course of Study	No. of Years Completed	Graduated (check one)
High School			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>
College			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate Professional				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (Specify)				Yes <input type="checkbox"/> No <input type="checkbox"/>

## U.S Military Service

Branch of Service	Technical Specialization	Rank Attained

## Special Skills

Typing Speed _____ wpm	Shorthand or Speedwriting _____ wpm	CRT _____ (Strokes/Hour)	PC Software / Other Equipment
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## Legal

Will you provide required verification of eligibility to work if you are under 18 years of age?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been discharged from employment by any company/organization for which you have worked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please explain _____	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a crime? A conviction will not necessarily disqualify an applicant.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please explain _____	

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Applicant's Name	_____
	_____
Last	_____
	_____
	_____
First	_____
	_____
	_____
Middle	_____
	_____
	_____
Date Application Received	_____

For Office Use Only

## Employment History

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.				
1	Employer	From:	Dates Employed	Starting: Hourly Rate/Salary
		To:		Final:
Street Address				Telephone Number
City		State		Zip Code
Reason(s) for Leaving				Supervisor's Name
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				
2	Employer	From:	Dates Employed	Starting: Hourly Rate/Salary
		To:		Final:
Street Address				Telephone Number
City		State		Zip Code
Reason(s) for Leaving				Supervisor's Name
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				
3	Employer	From:	Dates Employed	Starting: Hourly Rate/Salary
		To:		Final:
Street Address				Telephone Number
City		State		Zip Code
Reason(s) for Leaving				Supervisor's Name
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				
4	Employer	From:	Dates Employed	Starting: Hourly Rate/Salary
		To:		Final:
Street Address				Telephone Number
City		State		Zip Code
Reason(s) for Leaving				Supervisor's Name
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you previously worked for this company or any of its subsidiaries? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Name _____ Location _____				
City & State _____ Position Held _____				
Supervisor _____ Dates Employed: From _____ To _____				
Reason(s) for leaving _____				

## References

Business References (Do not list relatives.)				
Name	Address	Work Phone Number	Title	Years Known
		( )		
		( )		
		( )		

## Please Read Carefully

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize a complete reference check. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_