

APPLICATION FOR EMPLOYMENT

Personal information:

Name (Last, First, Middle):

Social Security No.:

Current Address (Street, City, State, Zip):

Phone #'s: home: _____ cell: _____ other: _____

How did you hear about us? _____

Are you currently employed? Y or N If so, may we contact your employer? Y or N

Have you ever applied to this company before? Y or N

Desired Position: _____

General Availability: AM---PM---Either (circle one)

Weekdays---Weekends---Either (circle one)

Date you can start: _____ Desired Salary: _____

Are you a smoker? Y or N Can you read at a 6th grade level? Y or N

Educational History:

	Name of School	Yrs. Atten.	Graduate?	Subjects Studied
High Sch				
College				
Trade/oth				

List any special skills, training, honors, hobbies, interests, etc... _____

Employment History: Place your most recent employer at the top

Dates Employed	Name & Phone # of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

See Reverse Side...

References:

Name	Phone #	Business	Years Known

Do you have reliable transportation? Y or N Have you ever been convicted of a felony? Y or N

Is there any reason you cannot perform all of the physical requirements of the job? _____

Why would you be a good choice for us? _____

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.----This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date: _____

Signature: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Interview # 1:

Interviewed by: _____

Date: _____

Comments:

Interview # 2:

Interviewed by: _____

Date: _____

Result: Hire Decline Will call back (circle one)