

# APPLICATION FOR EMPLOYMENT

When using Google Chrome or Firefox, download this application and save it to your computer before filling out the fields and submitting your application.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Home Telephone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Business Telephone \_\_\_\_\_

Are you 18 years or older? \_\_yes \_\_no Social Security # \_\_\_\_\_

## DESIRED EMPLOYMENT

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

## PERSONAL

Are you employed now? \_\_yes \_\_no If so, may we inquire of your present employer? \_\_yes \_\_no  
Have you ever applied to this company before? \_\_yes \_\_no Where? \_\_\_\_\_ When? \_\_\_\_\_  
Have you ever worked for this company before? \_\_yes \_\_no Where? \_\_\_\_\_ When? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## EDUCATION

School	Name & Location	Course of Study	No. of years completed	Did you Graduate	Degree or Diploma
Graduate					
College					
Business/Trade/Technical					
High School					
Elementary					

## SERVICE RECORD

Branch of Service \_\_\_\_\_ Discharge Date & Rank \_\_\_\_\_

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

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

**LIST BELOW FORMER EMPLOYERS STARTING WITH THE MOST RECENT ONE FIRST:**

Company Name \_\_\_\_\_  
Telephone \_\_\_\_\_ Address \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Weekly Pay \_\_\_\_\_  
State Job Title and Describe your work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_  
Telephone \_\_\_\_\_ Address \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Weekly Pay \_\_\_\_\_  
State Job Title and Describe your work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_  
Telephone \_\_\_\_\_ Address \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Weekly Pay \_\_\_\_\_  
State Job Title and Describe your work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

We may contact the employers listed above unless you indicate those you do not want us to contact.

Employer \_\_\_\_\_  
Reason \_\_\_\_\_

**HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? \_\_\_\_ YES \_\_\_\_ NO**

If yes, please 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 foregoing, unless it is in writing and signed by an authorized company representative.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_