

Employment Application



APPLICANT INFORMATION											
Last Name			First			M.I.		Date			
Street Address					Apartment/Unit #						
City				State				ZIP			
Phone				E-mail Address							
Date Available			Social Security No.			Desired Salary					
Position Applied for											
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"/>		
Apart from absence for religious observance, are you willing to work full time?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain religious observance.						
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
EDUCATION											
High School				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
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"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

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
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GENERAL INFORMATION

Will you work overtime if asked? _____

Membership in a Civic or Professional Organization? _____

Drivers License Number (provide copy) _____

Please list all state/county/city you have lived in the past 7 years.

Year/Make/Model of your vehicle? _____

Do you work on your own auto? _____

Marital status: Married ___ Single ___ Divorced ___ Widowed ___ Separated _____

Spouse's Name (if applicable) _____ Number of dependents _____

Emergency Contact Name and Relationship _____ Emergency contact
phone number? _____

Any physical conditions that limit your ability to work? _____

If "yes" describe. _____

Are you willing to take a drug test? _____

Some of our customers require workers to be clean shaven for sanitary purposes. Would you be willing to
shave your facial hair if asked? _____

Other special training or skills (languages, machine operations, etc)

FOR EMPLOYER USE ONLY:

REFERENCE CHECK		
PERSON CONTACTED		RESULTS
1		
2		
3		

TEST RESULTS			
TEST ADMINISTERED	RAW SCORE	RATING	ANALYSIS AND COMMENTS

INTERVIEW NOTES