

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	
PLEASE COMPLETE ALL PAGES.	
DATE _____	
Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Last First Middle Maiden </div>	
Present address _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Number Street City State Zip </div>	
How long _____	Social Security No. _____ - _____ - _____
Telephone (____) _____	
Date of Birth ____/____/____	
Position applied for (1) _____ and salary desired (2) _____ (Be specific)	Days/hours available to work No Pref _____ Thur _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____
How many hours can you work weekly? _____ Can you work nights? _____	
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME	
When available for work? _____	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	# OF YRS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please explain. _____ _____
DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your means of transportation to work? _____
Driver's license number: _____ State of issue _____ Expires _____ <input type="checkbox"/> Have Commercial (CDL)
Have you had any accidents during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? _____
Have you had any moving violations during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No How Many? _____

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APPLICATION FOR EMPLOYMENT (page 2)

Please list **two references** other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Work Experience Please list your work experience for the **past two years** beginning with **your most recent job** held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Current/Most recent employer: St. Address: City, State, Zip Code: Phone number:	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

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APPLICATION FOR EMPLOYMENT (page 3)

Name of employer St. Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer St. Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with the company creates an actual or implied contract of employment. I understand that, if I accept employment with the company it will be on an at-will basis. This means that the company or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by the company. I release the company, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize the company to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release the company and its employees from all liability arising from such investigation.

Signature of applicant _____ Date: _____