

Employment Application



Last Name		First Name		Middle Initial (Maiden Name)	
Street Address			Social Security Number		Home Phone
City		State		Zip	Business Phone
What position are you applying for? <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal			List any serious accidents or illnesses in the last 3 years		
Have you ever been convicted of a felony? What was the crime and when?			Do you have any violations or suspensions on your license?		
Do you have any physical limitations that could affect your work? Are you a smoker?				How much notice do you wish to give your present employer?	
Should we expect any income executions?			Do any of your relatives work here? If yes, name & relationship		

Education

Type of School	Name & Address	Period Enrolled		Course of Study	Did you Graduate?	Type of Degree Received
		From	To			
Elementary						
High School						
College						
Other						

Military Experience

Were you in the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what branch?
Dates of Duty: From: _____ To: _____		Rank at separation
Describe your duties:		Training schools attended:

To Be Answered Only If Hired

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		Number of dependent children	Your date of birth	Where does your spouse work?
Who is your personal physician?		Telephone number?		
Who should we notify in the event of an emergency?		Telephone number?		

Employment History

Present or most recent employer		Address & Telephone Number	
Employment Dates (Mo/Yr) From: _____ To: _____		Your supervisor's name	
Describe your duties:			Income
Why did you leave or why do you want to?			
First previous employer		Address & Telephone Number	
Employment Dates (Mo/Yr) From: _____ To: _____		Your supervisor's name	
Describe your duties:			Income
Why did you leave?			
Second previous employer		Address & Telephone Number	
Employment Dates (Mo/Yr) From: _____ To: _____		Your supervisor's name	
Describe your duties:			Income
Why did you leave?			

References

List other than relatives or former employers	Occupation	Address	Telephone number

Please Read

I hereby authorize this employer to make inquires not limited to but including previous employers, schools, and credit or investigative agencies. I understand I have the right to request information about the nature and scope of any such investigation.

I agree to take a physical examination, if requested, by a company approved doctor at the expense of the company, and understand that such examination may include tests for use of illegal drugs. By signing this application, I affirm that all statements herein, (and on my resume; if any) are TRUE, and misrepresentation of facts will subject me to immediate termination. I further understand that if an offer of employment is made I will be required to submit documentation which will verify that I am a citizen of the United States, an alien lawfully admitted for permanent residence or an alien authorized to be employed in the United States.

Date: _____

Signature: _____