

APPLICATION FOR EMPLOYMENT



PLEASE READ BEFORE SIGNING: By signing this application, I affirm that all statements made herein are true and accurate to the best of my knowledge and that if I am hired, false statements or omissions of facts called for shall be considered sufficient cause for dismissal. I hereon authorize employers, doctors, character references or any other persons and investigative or evaluation firms to provide and release information concerning my credit status, character, ability, general reputation, personal characteristics and traits pertinent to the position for which I am applying. I hereby release all such persons from any liability or damages as a result of furnishing such information or opinions. I understand this application is to be considered without regard to my age, sex, race, religion, color, national origin, marital status or physical impairments are not job related.

Date: _____ Signed: _____

Please complete ALL blanks and questions. The information you provide on this application will be verified and considered. If there is any information you do not wish to furnish or do not know, draw a line through the blank or question. Please be specific in your answers.

PRINT – DO NOT WRITE

Name: _____ SS# _____ - _____ - _____ Position Desired: _____
 LAST FIRST MI Salary Expected: _____
 When can you Begin: _____
 Telephone: (HM) _____ Work: _____ Mobil: _____

Present Address: _____
 Street CITY STATE ZIP

Own: _____ Rent: _____ Live with Parents _____

Email Address: _____

Previous Address: _____ YRS _____ MO _____

EDUCATION - Circle Highest Level	NAME OF SCHOOL, DEGREE, YEAR GRADUATED	IN CASE OF EMERGENCY NOTIFY
GRAMMER 1 2 3 4 5 6 7 8		NAME: _____
HIGH SCHOOL: 1 2 3 4		ADDRESS: _____
COLLEGE: 1 2 3 4 5 6		TEL WK: _____
OTHER TRAINING:		TEL HM: _____
		RELATIONSHIP: _____
		HEALTH
		Date of Last Doctor Visit _____
		Do you have any physical impairments that may interfere with the job for which you are applying? _____ What? _____
		Have you ever filed for Workers Comp? _____
		When? _____ What Company? _____
		Days lost to illness last year? _____

Are you a citizen of the US? _____ Are you bondable? _____ Do you have a valid drivers license? _____ State: _____ Date: _____
 License Number: _____ Do you have your own means of transportation? _____ Year _____ Make _____ Model _____
 Do you have relatives working for this company? _____ If so, who _____
 What foreign languages do you speak fluently? _____ Read _____ Write _____
 Are you a member of any civic or fraternal club? _____
 List hobbies and sports you enjoy: _____
 Have you ever served in the Armed Forces? _____ From _____ To _____ Rank at Discharge _____
 Do you have Insurance? _____ Life: _____ Hospitalization _____ Auto: _____
 Do you have an outside income? _____ Have you ever been convicted of a crime? _____ If yes: when, where & disposition of offense: _____

IF YOU HAVE A CURRENT RESUME, PLEASE ATTACH IT TO THIS APPLICATION WHEN SUBMITTING FOR CONSIDERATION.

BEGIN WITH THE MOST RECENT AND LIST IN ORDER

WORK HISTORY

ARE YOU PRESENTLY EMPLOYED? _____

Month & Year		Company Name & Address	Salary	Job Title/Work Description	Duties Most Liked
FROM	TO		Beginning		
					Duties Least Liked
Total	Time		Ending		
REASON FOR LEAVING; BE SPECIFIC:					
MAY WE CONTACT THIS EMPLOYER? IF NO, WHY?					

Month & Year		Company Name & Address	Salary	Job Title/Work Description	Duties Most Liked
FROM	TO		Beginning		
					Duties Least Liked
Total	Time		Ending		
REASON FOR LEAVING; BE SPECIFIC:					
MAY WE CONTACT THIS EMPLOYER? IF NO, WHY?					

Month & Year		Company Name & Address	Salary	Job Title/Work Description	Duties Most Liked
FROM	TO		Beginning		
					Duties Least Liked
Total	Time		Ending		
REASON FOR LEAVING; BE SPECIFIC:					
MAY WE CONTACT THIS EMPLOYER? IF NO, WHY?					

Month & Year		Company Name & Address	Salary	Job Title/Work Description	Duties Most Liked
FROM	TO		Beginning		
					Duties Least Liked
Total	Time		Ending		
REASON FOR LEAVING; BE SPECIFIC:					
MAY WE CONTACT THIS EMPLOYER? IF NO, WHY?					

WAS ANY INTERRUPTIN IN WORK HISTORY DUE TO ILLNESS, SCHOOL ATTENDANCE, OTHER? PLEASE EXPLAIN WHEN AND WHERE?