

# Employment Application

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security \_\_\_\_\_ DOB \_\_\_\_\_

Present Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

## EMPLOYMENT DESIRED:

Position \_\_\_\_\_ Salary Desired \_\_\_\_\_

Date You Can Start \_\_\_\_\_ Shift Desired \_\_\_\_\_

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  
If yes: When? \_\_\_\_\_

Do you have a current valid driver's license?  Yes  No

Have you ever been convicted of or plead guilty or no contest to a felony crime?  Yes  No

If yes, please explain:

## EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	
Trade, Business, or Correspondence School		1 2 3 4	Yes No	

Do you hold any special licenses or certifications? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE**

Month, Year	Name and Phone Number of Employer	Supervisor	Position	Salary	Reason for Leaving
From To					
From To					
From To					
From To					

**REFERENCES**

Please list three people, not related to you, who have known you at least one year

Name	Phone Number	Business	Relationship	Years Acquainted

**PHYSICAL RECORD**

Do you have any physical condition that may limit your ability to perform the job applied for?

\_\_\_\_\_

**In case of emergency, please notify:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**I certify that all of the foregoing statements are true and correct to the best of my ability. I understand that misrepresentation or omission of facts is cause for dismissal.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Ref. Check By: \_\_\_\_\_ Date: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_