

Application for Employment

Personal Information	Name		Date	
	Current Address		Home Phone #	()
			Cell Phone #	()
	Previous Address		Social Security #	
	Are you prevented from being lawfully employed in the United States? [] Yes [] No			
	Are you 18 years of age or older? [] Yes [] No			
	For reference purposes, have you worked or attended school under a former name? If yes, please list former name: [] Yes [] No			
	Have you ever applied here before? If yes, when? [] Yes [] No			
	Have you ever been employed here before? If yes, when? [] Yes [] No			
Are any relatives currently employed here? If yes, give full name: [] Yes [] No				
Are you able to perform the essential functions of the job you are applying for? If no, what accommodation would assist you? [] Yes [] No				
How did you hear about the company?				

Education, Training and Special Skills	Type of School	Name and Location	Did you graduate?	Grade Average	Major/Minor
	High School		[] Yes [] No		
	Trade School or Junior College		[] Yes [] No		
	College or University		[] Yes [] No		
	Graduate School		[] Yes [] No		
	Military or Other		[] Yes [] No		
	Seminars and Classes				
	Professional License or Certification				
	Software or Equipment				

Objectives	Employment Preference		
	Position Desired		Earnings Desired
	Location Desired		Are you available to travel? [] Yes [] No
	Career Objectives		

Employment History	List employment history for the last 10 years, starting with most recent employment.			
	Employer		Phone Number ()	
	Address		Start Date (month/year)	
			End Date (month/year)	
	Supervisor Name And Phone Number ()		Starting Salary	
			Ending Salary	
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Bonus or Incentive	
	Title or Position			
	Duties and Responsibilities			
	Reason for Leaving			
	Employer		Phone Number ()	
	Address		Start Date (month/year)	
			End Date (month/year)	
	Supervisor Name And Phone Number ()		Starting Salary	
			Ending Salary	
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Bonus or Incentive	
	Title or Position			
	Duties and Responsibilities			
	Reason for Leaving			
	Employer		Phone Number ()	
	Address		Start Date (month/year)	
			End Date (month/year)	
	Supervisor Name And Phone Number ()		Starting Salary	
			Ending Salary	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Bonus or Incentive		
Title or Position				
Duties and Responsibilities				
Reason for Leaving				

	<p>DO YOU HAVE A DRIVER'S LICENSE? __ Yes __ No</p> <p>What is your means of transportation to work? _____</p> <p>Driver's license# _____ State of issue _____</p> <p>Expiration date _____</p> <p>Have you had any accidents during the past three years? How many? _____</p> <p>Have you had any moving violations during the past three years? How Many? _____</p>	

	Important, please read carefully and sign.	
Certification	<p>I certify the information contained in this application is true and complete to the best of my knowledge. Any misrepresentation or omissions of any fact in my application can be justification for refusal of employment or if employed grounds for termination.</p> <p>I authorize the company to investigate all statements contained in this application and release all parties from any liability for any damage that may result from furnishing same to you.</p> <p>I understand that my employment may be terminated with or without cause or notice, at any time, at the option of either the Company or myself.</p>	
	Signature	Date