

# APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_

S.S. #: \_\_\_\_\_

## Personal Information

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES  NO  ARE YOU 18 YEARS OR OLDER? YES  NO

POSITION APPLIED FOR \_\_\_\_\_ REFERRED BY \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? YES  NO  IF YES, WHEN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

WOULD YOU PREFER TO WORK FULL TIME  PART TIME  TEMPORARY  DATE AVAILABLE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ARE YOU EMPLOYED NOW? YES  NO  SALARY DESIRED \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

DOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE? YES  NO

MAY WE CONTACT THE EMPLOYERS LISTED BELOW? YES  NO  IF NOT INDICATE WHICH ONE(S) YOU DO WISH US TO CONTACT. \_\_\_\_\_

PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED, SUCH AS SPECIAL TRAINING MACHINE OPERATIONS, HOBBIES, LANGUAGES, ETC.  
\_\_\_\_\_  
\_\_\_\_\_

U.S. ARMED FORCES? YES  NO  IF YES, BRANCH \_\_\_\_\_ RANK AT \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS? YES  NO  PLEASE EXPLAIN \_\_\_\_\_

(CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FOR EMPLOYMENT)

## Professional Qualifications & Membership Of Professional

### Language & Special Skills

Driving Confictions Durning The Last 5 Years? If Yes, Please List \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE

(NAME) (\_\_\_\_) \_\_\_\_\_

(ADDRESS) (PHONE) \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE				

1.	EMPLOYER		DATES		DUTIES
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S) (      )		HRLY RATES/SALARY		
	JOB TITLE	SUPERVISOR			
REASON FOR LEAVING					
2.	EMPLOYER		DATES		DUTIES
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S) (      )		HRLY RATES/SALARY		
	JOB TITLE	SUPERVISOR			
REASON FOR LEAVING					
3.	EMPLOYER		DATES		DUTIES
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S) (      )		HRLY RATES/SALARY		
	JOB TITLE	SUPERVISOR			
REASON FOR LEAVING					

**REFERENCES :** GIVE BELOW THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME AND ADDRESS	BUSINESS	PHONE	YEARS ACQUAINTED

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_