



Application For Employment

PLEASE PRINT

DATE: _____

NAME: _____
LAST
FIRST
MIDDLE

ADDRESS: _____
STREET
CITY
STATE
ZIP

TELEPHONE #: _____ TRADE LICENSE #: _____ STATE: _____

Are you 18 years or older? Yes No

APPLYING FOR POSITION AS: _____ DATE AVAILABLE: _____

Have you ever been employed here before? Yes No

Are you legally eligible for employment in the U.S.? Yes No (Proof of U.S. Citizenship Required)

Have you ever been convicted of a felony? Yes No (Conviction does not automatically bar you from employment) If yes, explain: _____

EMPLOYMENT HISTORY

List your last three (3) employers, assignments, or voluntary activities (at least 5 years), starting with the most recent, including military experience.

From:	To:	Employer:	Phone:
Job Title:		Address:	
Supervisor/Title:		Nature of Work/Job Responsibilities:	
Hourly Rate/Salary: Start: Finish:		Reason for Leaving:	
From:	To:	Employer:	Phone:
Job Title:		Address:	
Supervisor/Title:		Nature of Work/Job Responsibilities:	
Hourly Rate/Salary: Start: Finish:		Reason for Leaving:	
From:	To:	Employer:	Phone:
Job Title:		Address:	
Supervisor/Title:		Nature of Work/Job Responsibilities:	



Hourly Rate/Salary: Start: Finish:		Reason for Leaving:	
From:	To:	Employer:	Phone:
Job Title:		Address:	
Supervisor/Title:		Nature of Work/Job Responsibilities:	
Hourly Rate/Salary: Start: Finish:		Reason for Leaving:	

EDUCATIONAL BACKGROUND

SCHOOL NAME/ LOCATION	YEARS COMPLETED	DID YOU GRADUATE		COURSE OF STUDY
		Major:	Degree:	
High School:				
College:		Major:	Degree:	
Trade/Technical School:				

REFERENCES

Give the names of four persons not related to you, whom you have known at least one year

Name & Address	Telephone #	Years Known

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes No If yes, please describe: _____

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed. I give the Employer the right to investigate all references and to secure additional information about me if job related. I hereby release from liability the Employer and its representatives for seeking such information, and all other persons, corporations, or organizations for furnishing such information. The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a



basis prohibited by local state, or federal law. This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application. I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurance to the contrary.

Signature of Applicant

Date

DO NOT WRITE HERE
Interviewer's Comments: _____

Recommendations: _____
