

APPLICATION FOR EMPLOYMENT (PLEASE PRINT)

NAME(LAST)	(FIRST)	(MIDDLE INITIAL)	SOCIAL SECURITY #:	PHONE NUMBER:
OTHER NAME(S) KNOWN BY				SINCE:
PRESENT ADDRESS:		CITY:	STATE:	FROM: TO:
PREVIOUS ADDRESS:		CITY:	STATE:	FROM: TO:
TYPE OF WORK DESIRED:				
<input type="checkbox"/> PERMANENT <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY			HOW LONG DO YOU PLAN TO WORK?	SALARY REQUIRED:
DO YOU HAVE ANY PHYSICAL HANDICAPS WHICH WOULD PREVENT YOU FROM PERFORMING SPECIFIC KINDS OF WORK?				
HAVE YOU HAD A SERIOUS ILLNESS IN THE PAST 5 YEARS? IF YES, DESCRIBE:				
HOW MANY DAYS HAVE YOU BEEN ABSENT FROM WORK THE LAST 12 MOS?			DUE TO ILLNESS?	FOR OTHER REASONS?
LIST ANY FRIENDS OR RELATIVES WORKING FOR US:				
IF HIRED, WHAT DAY WILL YOU BE AVAILABLE TO START WORK?				
IF HIRED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK?				
HAVE YOU EVER SERVED IN THE ARMED FORCES? IF YES, DESCRIBE:				
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, EXPLAIN CIRCUMSTANCES:				
LIST ANY SPECIAL QUALIFICATIONS OR REASONS AS TO WHY YOU WOULD LIKE TO WORK HERE:				

EDUCATIONAL RECORD

HIGH SCHOOL	NAME:	CITY AND STATE:	FROM:	TO:	YRS COMP:	YR GRAD:
HIGH SCHOOL	NAME:	CITY AND STATE:	FROM:	TO:	YRS COMP:	YR GRAD:
COLLEGE OR UNIVERSITY	NAME:	CITY AND STATE:	FROM:	TO:	YRS COMP:	YR GRAD:
COLLEGE OR UNIVERSITY	NAME:	CITY AND STATE:	FROM:	TO:	YRS COMP:	YR GRAD:
COLLEGE WORK	NAME:	CITY AND STATE:	DEGREES RECEIVED:			
OTHER	NAME:	CITY AND STATE:	FROM:	TO:	COURSE OF STUDY:	

PERSONAL REFERENCES
(Excluding Former Employers or Relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

PRIOR WORK HISTORY (List in order, last or present employer first)

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
DESCRIBE IN DETAIL THE WORK YOU DID:						

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
DESCRIBE IN DETAIL THE WORK YOU DID:						

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
DESCRIBE IN DETAIL THE WORK YOU DID:						

May we contact the employers listed above? _____ If not, please indicate the one(s) you do not wish us to contact:

PERSON TO NOTIFY IN CASE OF ACCIDENT:		ADDRESS:	PHONE NUMBER:
DATE OF APPLICATION:	REFERRED BY:		

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

Date _____ Signature of Applicant _____

NOTE: The Provisions of the Fair Credit Reporting Act will be applicable if a credit report on the applicant is obtained and considered.