



# Application for Employment

Equal Opportunity Employer, Drug Free Facility

## Personal Information

## Date

Name (last name first)	Social Security Number	Email Address
Present Address	City	State Zip Code
Permanent Address	City	State Zip Code
Phone Number	Referred By	

## Employment Desired

Position	Date You Can Start	Salary Desired
Are You Employed? Yes _____ No _____ If So May We Inquire Of Your Present Employer? Yes _____ No _____	Have You Ever Been Convicted Of An Offense Against The Law Other Than A Minor Traffic Violation? Yes _____ No _____ If Yes, Please Explain In General Information. (A Conviction Does Not Mean You Cannot Be Hired. The Offense And How Recently You Were Convicted Will Be Evaluated In Relation To The Job Of Which You Are Applying)	
Have You Ever Applied To This Company Before? Yes _____ No _____ When? _____		

## Education History

Type	Location	Years Attended	Did You Graduate?	Subject Studied
High School				
College				
Additional School				

## General Information

Subjects Of Special Study/Research
Work Or Special Training/Skills

## Former Employers (List Last Three Below, Starting With Last One First)

Date Month and Year	Name Of Employer City and State	Salary	Position	Reason For Leaving
From: To:				
From: To:				
From: To:				

## References (Give The Names Of Three Persons Not Related To You, Whom You Have Known At Least One Year )

Name	Phone Number	Relation	Years Known

## Authorization

“ I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

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

## Office Use Only (Do Not Write In This Section)

Remarks
Interviewed By _____ Date _____