

# **APPLICATION FOR EMPLOYMENT**

## **PERSONAL INFORMATION**

et Address	fle State	Last	Apt/Suite Zip Code	::
et Address	State	CONDARY PHO	Zip Code	
		CONDARY PHO	Zip Code	
		CONDARY PHO	·	
	SE	CONDARY PHO		
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ITY NUMBER (SSN)	:			
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DESIRED: 🗆 FULL-T		E		
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## **EMPLOYMENT DESIRED**

ARE YOU EMPLOYED NOW? I YES NO IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO IF YES, WHERE AND DATES:

## EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## **GENERAL INFORMATION**

#### SUBJECT OF SPECIAL STUDY/RESEARCH: SPECIAL TRAINING: \_\_\_\_\_ SPECIAL SKILLS: US MILITARY OR NAVAL SERVICE: RANK:

## FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH/ YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
ТО				
FROM				
ТО				

#### REFERENCES

#### (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

### DISCLAIMER

"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 specified period of time, or to 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.

I understand that a consumer credit report or criminals records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disgualification from employment."

In compliance with federal law, all person hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

SIGNATURE	