



## Employment Application

| <b>APPLICANT INFORMATION</b>                      |                              |                             |  |                              |                              |                             |        |                  |      |      |  |
|---|------------------------------|-----------------------------|--|------------------------------|------------------------------|-----------------------------|--------|------------------|------|------|--|
| Last Name   |                              |                             |  |                              | First                        |                             |        |                  | M.I. | Date |  |
| Street Address                                    |                              |                             |  |                              |                              |                             |        | Apartment/Unit # |      |      |  |
| City  |                              |                             |  |                              | State                        |                             |        |                  | ZIP  |      |  |
| Phone   |                              |                             |  |                              | E-mail Address               |                             |        |                  |      |      |  |
| Date Available                                    |                              |                             |  | Social Security No.          |                              |                             |        | Desired Salary   |      |      |  |
| Position Applied for                              |                              |                             |  |                              |                              |                             |        |                  |      |      |  |
| Are you a citizen of the United States?           | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |                             |        |                  |      |      |  |
| Have you ever worked for this company?            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                   |                              |                              |                             |        |                  |      |      |  |
| Have you ever been convicted of a felony?         | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                |                              |                              |                             |        |                  |      |      |  |
| <b>EDUCATION</b>                                  |                              |                             |  |                              |                              |                             |        |                  |      |      |  |
| High School                                       |                              |                             |  |                              | Address                      |                             |        |                  |      |      |  |
| From  |                              | To                          |  | Did you graduate?            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |                  |      |      |  |
| College   |                              |                             |  |                              | Address                      |                             |        |                  |      |      |  |
| From  |                              | To                          |  | Did you graduate?            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |                  |      |      |  |
| Other   |                              |                             |  |                              | Address                      |                             |        |                  |      |      |  |
| From  |                              | To                          |  | Did you graduate?            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |                  |      |      |  |
| <b>REFERENCES</b>                                 |                              |                             |  |                              |                              |                             |        |                  |      |      |  |
| <i>Please list three professional references.</i> |                              |                             |  |                              |                              |                             |        |                  |      |      |  |
| Full Name   |                              |                             |  |                              | Relationship                 |                             |        |                  |      |      |  |
| Company   |                              |                             |  |                              | Phone                        | (      )                    |        |                  |      |      |  |
| Address   |                              |                             |  |                              |                              |                             |        |                  |      |      |  |
| Full Name   |                              |                             |  |                              | Relationship                 |                             |        |                  |      |      |  |
| Company   |                              |                             |  |                              | Phone                        | (      )                    |        |                  |      |      |  |
| Address   |                              |                             |  |                              |                              |                             |        |                  |      |      |  |
| Full Name   |                              |                             |  |                              | Relationship                 |                             |        |                  |      |      |  |
| Company   |                              |                             |  |                              | Phone                        | (      )                    |        |                  |      |      |  |
| Address   |                              |                             |  |                              |                              |                             |        |                  |      |      |  |

| <b>PREVIOUS EMPLOYMENT</b>  |  |    |  |                    |                          |     |                          |               |    |  |
|---|--|----|--|--------------------|--------------------------|-----|--------------------------|---------------|----|--|
| Company   |  |    |  |                    | Phone                    | ( ) |                          |               |    |  |
| Address   |  |    |  |                    | Supervisor               |     |                          |               |    |  |
| Job Title   |  |    |  | Starting Salary    | \$                       |     |                          | Ending Salary | \$ |  |
| Responsibilities  |  |    |  |                    |                          |     |                          |               |    |  |
| From  |  | To |  | Reason for Leaving |                          |     |                          |               |    |  |
| May we contact your previous supervisor for a reference?  |  |    |  | YES                | <input type="checkbox"/> | NO  | <input type="checkbox"/> |               |    |  |
| Company   |  |    |  |                    | Phone                    | ( ) |                          |               |    |  |
| Address   |  |    |  |                    | Supervisor               |     |                          |               |    |  |
| Job Title   |  |    |  | Starting Salary    | \$                       |     |                          | Ending Salary | \$ |  |
| Responsibilities  |  |    |  |                    |                          |     |                          |               |    |  |
| From  |  | To |  | Reason for Leaving |                          |     |                          |               |    |  |
| May we contact your previous supervisor for a reference?  |  |    |  | YES                | <input type="checkbox"/> | NO  | <input type="checkbox"/> |               |    |  |
| Company   |  |    |  |                    | Phone                    | ( ) |                          |               |    |  |
| Address   |  |    |  |                    | Supervisor               |     |                          |               |    |  |
| Job Title   |  |    |  | Starting Salary    | \$                       |     |                          | Ending Salary | \$ |  |
| Responsibilities  |  |    |  |                    |                          |     |                          |               |    |  |
| From  |  | To |  | Reason for Leaving |                          |     |                          |               |    |  |
| May we contact your previous supervisor for a reference?  |  |    |  | YES                | <input type="checkbox"/> | NO  | <input type="checkbox"/> |               |    |  |
| Company   |  |    |  |                    | Phone                    | ( ) |                          |               |    |  |
| Address   |  |    |  |                    | Supervisor               |     |                          |               |    |  |
| Job Title   |  |    |  | Starting Salary    | \$                       |     |                          | Ending Salary | \$ |  |
| Responsibilities  |  |    |  |                    |                          |     |                          |               |    |  |
| From  |  | To |  | Reason for Leaving |                          |     |                          |               |    |  |
| May we contact your previous supervisor for a reference?  |  |    |  | YES                | <input type="checkbox"/> | NO  | <input type="checkbox"/> |               |    |  |
| <b>MILITARY SERVICE</b>   |  |    |  |                    |                          |     |                          |               |    |  |
| Branch  |  |    |  |                    | From                     |     | To                       |               |    |  |
| Rank at Discharge   |  |    |  |                    | Type of Discharge        |     |                          |               |    |  |
| If other than honorable, explain  |  |    |  |                    |                          |     |                          |               |    |  |
|   |  |    |  |                    |                          |     |                          |               |    |  |
| <b>DISCLAIMER AND SIGNATURE</b>   |  |    |  |                    |                          |     |                          |               |    |  |
| I certify that my answers are true and complete to the best of my knowledge.  |  |    |  |                    |                          |     |                          |               |    |  |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |  |    |  |                    |                          |     |                          |               |    |  |
| Signature   |  |    |  |                    |                          |     | Date                     |               |    |  |