

Employment Application

Date _____

Name _____ Social Security _____ DOB _____

Present Address _____

Phone Number _____ Email _____

EMPLOYMENT DESIRED:

Position _____ Salary Desired _____

Date You Can Start _____ Shift Desired _____

Are You Employed Now? Yes No
If so, may we inquire of your present employer? Yes No

Have you ever applied to this company before? Yes No
If yes: When? _____

Do you have a current valid driver's license? Yes No

Have you ever been convicted of or plead guilty or no contest to a felony crime? Yes No

If yes, please explain:

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	
Trade, Business, or Correspondence School		1 2 3 4	Yes No	

Do you hold any special licenses or certifications? _____

WORK EXPERIENCE

Month, Year	Name and Phone Number of Employer	Supervisor	Position	Salary	Reason for Leaving
From To					
From To					
From To					
From To					

REFERENCES

Please list three people, not related to you, who have known you at least one year

Name	Phone Number	Business	Relationship	Years Acquainted

PHYSICAL RECORD

Do you have any physical condition that may limit your ability to perform the job applied for?

In case of emergency, please notify:

 Name Address Phone

I certify that all of the foregoing statements are true and correct to the best of my ability. I understand that misrepresentation or omission of facts is cause for dismissal.

Signature _____ **Date** _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date: _____

Comments: _____

Ref. Check By: _____ Date: _____

Hire Date: _____ Start Date: _____ Salary: _____