

Application for Employment

Name _____ Phone () _____
(Last, First, and Middle Initial)

Address _____
(No. and Street) (City, State, and Zip)

How long have you lived at the above address? _____

Position applied for _____ Expected pay _____

Would you accept: Fulltime? Parttime? Shift Preferred?
 Yes No Yes No 1 2 3 Any

Social Security # / /

Have you ever been employed here before? Yes No Date _____

On what date would you be available for work? _____

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years?
 Yes No If Yes, please explain _____

Other special training or skills (languages, machine operation, etc.) _____

How did you learn of our organization? _____

Employment Experience (start with your most recent)

<input type="checkbox"/> 1	Employer	Dates Employed		Work Performed
	Address	From	To	
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			
<input type="checkbox"/> 2	Employer	Dates Employed		Work Performed
	Address	From	To	
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			
<input type="checkbox"/> 3	Employer	Dates Employed		Work Performed
	Address	From	To	
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			
<input type="checkbox"/> 4	Employer	Dates Employed		Work Performed
	Address	From	To	
	Job Title	Hourly Rate/Salary		
	Supervisor	Starting	Final	
	Reason for Leaving			

Place a by the employer(s) you do not want us to contact.

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file, and it is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. **Please print.**

FOR OFFICE USE ONLY

Applicant # _____

Position _____

Rate _____

Hire Date _____

Employee # _____

No Longer Active _____
(Date)

Route to: _____

Date _____

Notes: _____

Contacted Applicant: _____
(Date)

CODING

Class _____

Skill _____

Other _____

ATTACHMENTS

Resumé

Payroll History

Emp. Health Survey

Performance Appraisal

EEO/Personal History

Educational Background

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DATES ATTENDED	DID YOU GRADUATE?	YEAR	DEGREE OR DIPLOMA
Grammar School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
College				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vocational Training or Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		

Membership in Professional or Civic Organizations
 (Exclude those which may disclose your race, color, religion or national origin)

Personal References (other than family members or previous employers)

1. _____ () _____
 (Name) Phone #

 (Address)
2. _____ () _____
 (Name) Phone #

 (Address)
3. _____ () _____
 (Name) Phone #

 (Address)

Do you have the legal right to reside in this country? Yes No

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge the information contained on this application is true. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company.

Date _____ Applicant's Signature _____