



Employment Application

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address			Apartment/Unit #
City	State		ZIP
Home Phone	Cell Phone	Email Address	
Date Available	Social Security No.	Desired Salary	
Position Applied For			
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever worked for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, when?			

EDUCATION

High School		Address	
From	To	Did you graduate <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
College		Address	
From	To	Did you graduate <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
Other		Address	
From	To	Did you graduate <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYMENT INFORMATION

Are you seeking: <input type="checkbox"/> full time, <input type="checkbox"/> part time or <input type="checkbox"/> temporary employment?	If hired, when would you be able to start?
What hours and shift(s) would you prefer to work?	List any friends or relatives employed by this company:
Are you willing to work: <input type="checkbox"/> Weekends? <input type="checkbox"/> Holidays?	
List times you are NOT available to work?	Have you ever been discharged or asked to resign from any position? If yes, please describe:
Are you currently employed?	

DISCLAIMER AND SIGNATURE

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