

Application for Employment

Equal Opportunity Employer

Personal Information			
NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP
PHONE NO. ()		REFERRED BY	

Employment Desired		
POSITION	DATE AVAILABLE TO START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.A.?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHEN?	

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

Former Employers		BEGIN WITH MOST RECENT EMPLOYER		
DATE, MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

References			
GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.			
NAME	PHONE	BUSINESS	YEARS KNOWN

Have you ever been convicted of, had adjudication withheld, pled guilty or pled nolo contendere (including Pre-Trial Diversion) to any Felony or Misdemeanor, or do you currently have an Active or Pending criminal case in any jurisdiction? YES NO

IF YES, EXPLAIN

Authorization

"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."

Signature _____ Date _____