

## Employment Application Form

**PLEASE PRINT CLEARLY**

DATE: \_\_\_\_\_

Name \_\_\_\_\_

Present Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (cell) \_\_\_\_\_ Other \_\_\_\_\_

Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_ DOB \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Salary Desired \_\_\_\_\_

Position applied for (2) \_\_\_\_\_ Salary Desired \_\_\_\_\_

### WORK AVAILABILITY

Employment desired  Full-Time  Part-Time  Temporary

Days/hours available to work

Flexible/No preference

Mon \_\_\_\_\_, Tue \_\_\_\_\_, W \_\_\_\_\_, TH \_\_\_\_\_, F \_\_\_\_\_

If part-time, list days available  M  Tu  W  TH  F

When are you available to start? \_\_\_\_\_

### EDUCATION

Type of School	Name of School	City and State	Number of Years Completed	Major/Degree or Certificate
High School				
Trade School				
University				
Professional				

## Employment Application Form

<p>HAVE YOU EVER BEEN CONVICTED OF A CRIME? <span style="float: right;">__No    __Yes</span></p> <p>If yes, please explain the conviction, nature of offense, date, and type(s) of rehabilitation.</p> <hr/> <hr/>
<p>DO YOU HAVE A DRIVER'S LICENSE? <span style="float: right;">__Yes    __No</span></p> <p>Driver's Lic. No. _____ State of Issue _____ Exp. Date _____</p> <p>Have you had any accidents in the past three years? <span style="float: right;">__ Yes    __ No</span></p> <p>Have you had any moving violations during the past three years? <span style="float: right;">__ Yes    __ No</span></p>

### WORK EXPERIENCE

Please list your work experience for the **past three years** beginning with your most recent.

Name of Employer:	Employment Dates
Address:	From            To
City, State, Zip Code	Hourly wage or salary
Phone Number:	Start            Final
Reason for leaving:	
<p>List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company.</p> <hr/> <hr/> <hr/> <hr/> <hr/>	

Please list your work experience for the **past three years** beginning with your most recent.

Name of Employer:	Employment Dates
Address:	From          To
City, State, Zip Code	Hourly wage or salary
Phone Number:	Start          Final
Reason for leaving:	
List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company.	
_____	
_____	
_____	
_____	
_____	
_____	

Name of Employer:	Employment Dates
Address:	From          To
City, State, Zip Code	Hourly wage or salary
Phone Number:	Start          Final
Reason for leaving:	
List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company.	
_____	
_____	
_____	
_____	
_____	
_____	

May we contact your present or most recent employer? \_\_\_ Yes \_\_\_ No

**EMPLOYMENT APPLICATION DISCLAIMER AND ACKNOWLEDGEMENT**

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and received such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_