



Application for Employment

(An Equal Opportunity Employer)

PERSONAL INFORMATION

DATE:

NAME(LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	REFERRED BY		
COMPANY NAME	EMAIL		

EMPLOYMENT DESIRED

POSITION	SALARY DESIRED	DATE YOU CAN START
ARE YOU EMPLOYED CURRENTLY? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF HIRED, CAN YOU PROVIDE WRITTEN EVIDENCE YOU ARE AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DEGREE EARNED	SPECIALIZATION
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
CERTIFICATIONS				

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATES MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

GENERAL

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK OR SPECIAL TRAINING / SKILLS / LICENSES			
u.s. MILITARY OR NAVAL SERVICE:	RANK	FROM	TO
TRAINING / EXPERIENCE RECEIVED			

REFERENCES (DO NOT INCLUDE RELATIVES)

NAME	OCCUPATION	TELEPHONE	YEARS KNOWN

Have you ever been convicted of a crime other than a minor traffic violation? Yes _____ No _____

If yes, please explain here: _____

(Conviction is not an absolute bar to employment.)

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Chief Operating Officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information. I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant Signature

Date