



Employment Application

This does not create a contract, an offer or a promise for employment.

Applicant Information											
Full Name:						Date:					
<i>Last</i>				<i>First</i>				<i>M.I.</i>			
Address:											
<i>Street Address</i>						<i>Apartment/Unit #</i>					
<i>City</i>						<i>State</i>			<i>ZIP Code</i>		
Phone:		()		E-mail Address:							
Date Available:				Social Security No.:				Desired Salary:		\$	
Position Applied for:		Are you willing to work overtime?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?						
Within the last 10 years have you been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do not include convictions that were sealed, eradicated, erased, expunged or that resulted in diversion programs.						
If yes, explain:											
Education											
High School:				Address:							
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
College:				Address:							
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
Other:				Address:							
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
References											
<i>Please list two personal or professional references.</i>											
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	<input type="checkbox"/>

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	<input type="checkbox"/>

Military Service

Branch:			From:		To:	
Rank at Discharge:			Type of Discharge:			
If other than honorable, explain:						

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. This company has a drug-free workplace policy. By signing this application I authorize drug/alcohol testing as a condition of employment.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal.

Applicants Signature		Date:	
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