



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE

NAME (First, Middle Initial, Last)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	REFERRED BY		

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START	DESIRED SALARY
ARE YOU EMPLOYED NOW?	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER ()	REFERRED BY		

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGHSCHOOL				
COLLEGE				
TRADE SCHOOL, BUSINESS OR CORRESPONDENCE SCHOOL				
PHONE NUMBER ()				

GENERAL INFORMATION

CERTIFICATIONS/LICENSES		
SPECIAL TRAINING	DAYS AND TIMES NOT AVAILABLE	
SPECIAL SKILLS		
MILITARY SERVICE	DATES OF SERVICE	RANK

EMPLOYMENT HISTORY

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PEOPLE—NOT RELATED TO YOU—WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE NUMBER	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified Statements on this application shall be grounds for termination for cause. 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.”

DATE _____ SIGNATURE _____

OFFICE USE ONLY

INTERVIEWED BY: _____ DATE: _____

REMARKS:

HIRED	FOR DEPT.	POSITION	DATE TO REPORT	SALARY WAGES
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