



## Application for Employment

Position You Are Applying For \_\_\_\_\_

Desired Salary \_\_\_\_\_

Date Available for Work: \_\_\_\_\_

### PERSONAL INFORMATION

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No

If selected for employment are you willing to submit to a pre-employment drug screening test?  Yes  No

### EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: \_\_\_\_\_

### EMPLOYMENT

Employer: _____	Pay Rate: \$ _____	Dates Employed: _____ to _____
Work Phone: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Position: _____		
Duties Performed: _____		
Supervisors Name and Title: _____		
Reason for leaving: _____		
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### REFERENCES

Name	Title	Company	Phone

### Acknowledgement and Authorization

I certify that all answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**EMPLOYMENT**

Employer:		Dates Employed:	
Work Phone:		Pay Rate:	\$ _____
Address:			
City:		State:	_____
Position:			
Duties Performed:			
Supervisors Name and Title:			
Reason for leaving:			
May we contact them?	[ ] Yes [ ] No		

**EMPLOYMENT**

Employer:		Dates Employed:	
Work Phone:		Pay Rate:	\$ _____
Address:			
City:		State:	_____
Position:			
Duties Performed:			
Supervisors Name and Title:			
Reason for leaving:			
May we contact them?	[ ] Yes [ ] No		

**EMPLOYMENT**

Employer:		Dates Employed:	
Work Phone:		Pay Rate:	\$ _____
Address:			
City:		State:	_____
Position:			
Duties Performed:			
Supervisors Name and Title:			
Reason for leaving:			
May we contact them?	[ ] Yes [ ] No		