

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Date: _____

Name: _____
First
Middle Initial
Last

Current Home Address: _____

City: _____ State: _____ Zip: _____ # of Years Resided: _____

If you have lived less than 3 years at your current address, please provide your prior address and number of years you resided.

Prior Home Address: _____

City: _____ State: _____ Zip: _____ # of Years Resided: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email Address: _____

How did you hear about our company? _____

Have you ever been employed by our company? YES NO If yes, when: _____

Are you a citizen of the United States? YES NO

If you are not a U.S. citizen, are you legally eligible for employment in the United States? YES NO

Have you ever been convicted of a Felony? YES NO If yes, explain:

What position are you applying for: _____

Employment desired: Full-time Part-time Internship Desired Salary: _____

When will you be available for work? _____

Have you ever been in the Armed Forces: YES NO

Are you a member of the National Guard: YES NO If yes, date entered: _____

Are you a veteran of the U.S. Armed Forces: YES NO

EDUCATION

	Name/Address of School	Circle Last Years Completed	Did you Graduate (Circle)	Subjects Studied and Degrees Received
High School	_____	1 2 3 4	Yes / No	

College or University	_____	1 2 3 4	Yes / No	

Specialty, Trade or Business School	_____	1 2 3 4	Yes / No	

EMPLOYMENT APPLICATION

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

TRAINING & CERTIFICATIONS

REFERENCES

Please list two (2) professional references:

(1) Name: _____ Telephone: (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____ Years Known: _____

(2) Name: _____ Telephone: (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____ Years Known: _____

PREVIOUS EMPLOYMENT

Please list your past work experience beginning with your most recent job held. You may use a separate sheet of paper for your information.

(1) Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Telephone: (_____) _____ - _____

Employed From: _____ To _____ Starting Salary: \$ _____ Final: \$ _____

Position: _____

Reason for Leaving: _____

May we contact the supervisor: YES NO

(2) Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Telephone: (_____) _____ - _____

Employed From: _____ To _____ Starting Salary: \$ _____ Final: \$ _____

Position: _____

Reason for Leaving: _____

May we contact the supervisor: YES NO

EMPLOYMENT APPLICATION

PREVIOUS EMPLOYMENT - CONTINUE

(3) Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Supervisor: _____ Telephone: (_____) _____ - _____
Employed From: _____ To _____ Starting Salary: \$ _____ Final: \$ _____
Position: _____
Reason for Leaving: _____
May we contact the supervisor: YES NO

DISCLAIMER AND SIGNATURE

We are an equal opportunity employer. It is our policy to employ qualified people without regard to race, color, religion, sex, national origin, age, ancestry, disability, sexual orientation, veteran's status, marital status, arrest or court record, citizenship, genetic information or any other characteristic protected under federal or state law. This policy applies to all aspects of employment including, but not limited to, recruitment, hiring, placement, training, promotion, compensation, benefits, transfers, layoffs, recalls, leaves of absence, discipline, and termination.

In accordance with federal law, if an offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to substantiate your right to work in the United States within three (3) days of employment. We will verify your eligibility to work in the United States through **E-Verify**. Information from your Form I-9 will be used to confirm your work authorization.

The information provided in this Employment Application is true, correct, and complete to the best of my knowledge. If employed, any misstatement or omission of fact on this application may result in my dismissal. I authorize this company to verify previous employment, educational, criminal, and other background information as necessary.

Applicant signature: _____ Date: _____