

### APPLICATION FOR EMPLOYMENT

#### PERSONAL INFORMATION

Date \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Social Security Number

Address \_\_\_\_\_  
Street City State & Zip Phone Number

Date of Birth (under 19) \_\_\_\_\_ If hired can you furnish proof of age? \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_  
Name Address Phone

Do you have a valid motor vehicle operator's license? \_\_\_\_\_ Has it ever been revoked? \_\_\_\_\_  
 If so, explain \_\_\_\_\_

Do you have another job or "sideline" business? If so state type of business or job and hours you work at your own business or other job. \_\_\_\_\_  
 \_\_\_\_\_

What responsibilities might affect your attendance? \_\_\_\_\_  
 \_\_\_\_\_

#### EDUCATION AND SERVICE

Name & Location \_\_\_\_\_ Highest Grade Completed and What Year \_\_\_\_\_

Grade School \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Other skills or special training \_\_\_\_\_

Military Service \_\_\_\_\_  
Branch Rank Date Entered Date Discharged Duties While In Service

Are you a member of Reserve or National Guard? \_\_\_\_\_ Standby or Ready? \_\_\_\_\_

#### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Wage Desired \_\_\_\_\_ Date you can start \_\_\_\_\_

How would you get to work? \_\_\_\_\_ Shifts willing to work \_\_\_\_\_

Can you work full-time or part-time? \_\_\_\_\_ If part-time what days and hours? \_\_\_\_\_

Are you willing to work overtime and Saturdays if required to? \_\_\_\_\_

Name of relatives or friends employed here \_\_\_\_\_

Have you ever applied to or been employed by this company? \_\_\_\_\_

#### BACKGROUND INFORMATION

Have you ever been convicted of a felony Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain in detail \_\_\_\_\_  
 \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_ If now employed, why do you desire to change? \_\_\_\_\_  
 \_\_\_\_\_

Have you **EVER** been discharged or forced to resign from **ANY** job? If so, explain \_\_\_\_\_  
 \_\_\_\_\_

Have you drawn unemployment insurance in the past year? \_\_\_\_\_ If so, date and amount of last benefit check \_\_\_\_\_  
 \_\_\_\_\_

R 12/2008

**FORMER EMPLOYERS** List Below Last Three Employers, Starting With Last One First

Date Month and year	Name, Address, and Phone Number of Employer	Wages	Position	Reason for Leaving
From		Per Hour		
To		Average Per Week		
From		Per Hour		
To		Average Per Week		
From		Per Hour		
To		Average Per Week		

**REFERENCES** (Give the name, address and occupation of three persons (not former employers or relatives).

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It is understood and agreed that any misrepresentation by me in this application will be cause for cancellation of this application and/or separation from my job if I have been employed. I UNDERSTAND THAT JUST AS I AM FREE TO RESIGN AT ANY TIME, THE EMPLOYER RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I understand that no representative of the Employer has the authority to make any assurances to the contrary. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I release from liability the Employer and its representatives for seeking such information, and all persons, corporations and organizations for furnishing such information. This application is current for 60 days; after that if I have not heard from the Employer and still want to be considered for employment, it will be necessary for me to fill out a new application.

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

Witness \_\_\_\_\_

**INTERVIEWER'S COMMENTS:** (Applicant not to write in this space)

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Interviewed by \_\_\_\_\_

Date of Interview \_\_\_\_\_