



Employee Application Form

Personal Information

Full Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Are you legally eligible to work in the United States? Yes No

Position Information

Position Applied for: _____

Date Available to Start: _____

Desired Salary: _____

Are you willing to work: Full Time Part Time Temporary

Are you able to travel regularly for work? Yes No

Education History

Type of School	Name of School	Completed Years	Major & Degree
High School or GED			
Trade School			
College			
Certifications			

Additional Information

Do you have a valid driver's license? Yes No | License Class: _____

Would you consent to a motor vehicle record check? Yes No

Would you consent to a criminal background check? Yes No

Would you consent to a fitness for duty exam? Yes No

Would you consent to drug and alcohol testing? Yes No

Employment History

Company Name	Position Held	Supervisor Name	Dates Employed	Reason For Leaving

References

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____
3. Name: _____ Relationship: _____ Phone: _____

Declaration

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misrepresentation or omission of any information may result in disqualification from consideration for employment or, if employed, my dismissal.

Signature: _____ Date: _____

Please attach a resume to this application with any additional information, if needed.