

EMPLOYMENT APPLICATION

Personal Information

Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Social Security #: _____ Date of Birth: _____

Drivers License #: _____ State of Issue: _____ Do you have dependable transportation? YES NO

Health: Excellent Good Poor Height/Weight: _____

Education

Name/Address Course of Study Date of Graduation

High School _____

College/University _____

Technical _____

Trade/Other _____

Licenses

Classification: _____ Expiration Date: _____ Certificate # _____

Work Experience Start with your present or most recent employer

Employer: _____ Dates Employed: _____

City/State: _____ Telephone #: _____

Reason for Leaving: _____ May we contact? YES/NO

Position Held: _____ Supervisor's Name: _____

Earnings: _____

Employer: _____ Dates Employed: _____

City/State: _____ Telephone #: _____

Reason for Leaving: _____ May we contact? YES/NO

Position Held: _____ Supervisor's Name: _____

Earnings: _____

Employer: _____ Dates Employed: _____

City/State: _____ Telephone #: _____

Reason for Leaving: _____ May we contact? YES/NO

Position Held: _____ Supervisor's Name: _____

Earnings: _____

Employer: _____ Dates Employed: _____

City/State: _____ Telephone #: _____

Reason for Leaving: _____ May we contact? YES/NO

Position Held: _____ Supervisor's Name: _____

Earnings: _____

Military Service

Branch of Service: _____ Active Duty Dates: _____ Rank at Discharge: _____

Describe duties and any special training: _____

Are you a US Citizen? YES/NO

Have you been convicted of any violation of the law within the past 5 years? YES/NO

If yes, please explain in detail:

Date you are available for work: _____

Can you work overtime? YES/NO

Do you have the personal tools normally required to perform the job for which you are applying? YES/NO

Do you use tobacco products? YES/NO

Related Experience

List any information regarding organizational memberships, special programs or any other information that might be helpful in determining qualifications or knowledge for the position in which you are applying.

Applicant's Statement

I certify that answers given herein are true, accurate and complete to the best of my knowledge. I understand that, if employed, any false or misleading information given in my application or interview(s) may result in my discharge. I hereby authorize any individual, company, or institution with whom I have been associated to furnish C.E. Gandee, Inc. with any information concerning my employment. I, also, hereby release any such individual, company, or institution from any claims associated with providing information regarding my employment. I understand, if hired, I can be discharged within 30 days for any reason.

Signature of Applicant

Date