



# Application for Employment



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

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

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

DOB: \_\_\_\_\_

## PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Are you a U.S. Citizen?  Yes  No  
 Have you ever been convicted of a felony?  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: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_ to \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_  
 Supervisors Name and Title: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 May we contact them?  Yes  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 \_\_\_\_\_