## Employment Application

Today's Date: $\qquad$

Personal Information

| Name (Last Name First) |  |  |  |
| :--- | :--- | :--- | :--- |
| Present Address | City | State | Zip Code |
| Mailing Address | City | State | Zip Code |
| Home \& Alternate Phone Number | Referred By |  |  |
| Email Address: |  |  |  |

## Employment Status

| Are you Employed? Yes No so, may we inquire of your present employer? | Yes No |
| :--- | :--- |
| Employer's Name | Employer's Address: |
| Have you ever worked with us before? | When? |

Education History

| Name and Location of School | Years Attended | Did you graduate? | Subjects Studied |
| :--- | :--- | :--- | :--- |
| High School |  |  |  |
| College or Trade School |  |  |  |
| US Military or Naval Service |  |  |  |

Former Employers

| Name and Address of Employer |  | Date (Month and Year) |  | Position | Wages |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  | From | To |  |  | Reason For Leaving |
|  | From | To |  |  |  |
|  | From | To |  |  |  |
|  | From | To |  |  |  |

References:

| Name | Address | Relationship | Telephone |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I certify that the facts contained on this form are true and complete to the best of my knowledge.
I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature: $\qquad$ Date: $\qquad$

