



Employment application

Application Information

Full name:

Date:

Last

First

M.I.

Address:

Phone:

Street address

Apt/Unit #

Email:

City

State

Zip Code

Date Available:

S.S. no:

Desired salary:

\$

Position applied for:

Are you a citizen of the United States?

Yes ☐

No ☐

If no, are you authorized to work in the U.S.?

Yes ☐

No ☐

Do you have a vehicle and insurance

Yes ☐

No ☐

Do you have a
Driver license

Have you ever been convicted of a felony?

Yes ☐

No ☐

If yes, explain?

Education

High school:

Address:

From:

To:

Did you graduate?

Yes ☐ No ☐

GED and
Name of
college

College:

Address:

From:

To:

Did you graduate?

Yes ☐ No ☐

Degree:

MERIT-STARS
Number

References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Previous Employment

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Why did you leave your previous employer	
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What are your professional Goals	
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What do you feel most qualifies you for the position	
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Do you have TB Test YES <input type="radio"/> NO <input type="radio"/>	Do You Have CPR YES <input type="radio"/> NO <input type="radio"/>	Do You Have Food Handlers Card Yes <input type="radio"/> NO <input type="radio"/>	Are you able to be on your feet for more than 6 hours a day Yes <input type="radio"/> No <input type="radio"/>
Do you use Illegal Drugs Smoke Marijuana or Cigarettes <input type="radio"/> Yes <input type="radio"/> No	If Yes Explain	Are you able to move quickly in the event of an emergency <input type="radio"/> Yes <input type="radio"/> NO	Can You Life 50lbs or More Yes <input type="radio"/> No <input type="radio"/>

Military Service

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of discharge: _____

If other than honorable, explain: _____

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

