



APPLICATION FOR EMPLOYMENT

Personal Information:

Last Name	First Name	Social Security Number	
Present Address	City	State	Zip Code
Phone Number	Alternate Number		Email Address

Employment Desired:

Position	Date Available to Start	Desired Salary
Are you legally authorized to work in the United States?		
Have you ever plead guilty to or been convicted of a crime in the U. S.?	<i>Answering yes to this question does not constitute an automatic rejection for employment. All aspects of the situation will be considered when evaluating employment opportunities.</i>	
If so, give dates and details.		
Have you ever been employed by Elevated Entrances, Inc?	If so, what were the dates of your previous employment?	
What was your reason for leaving?	Name of previous supervisor	

Education History:

	Name & Location of School	Years Attended	Did you graduate?	Subjects Studied
Highschool				
College				
Trade School				

General Information:

Subjects of Special Studies/Research Work
Special Training, Certifications, Licenses
Special Skills, Foreign Languages, Etc.

Military Service Record:

Have you ever served in the U.S. Armed Forces?	Branch of Service
Discharge Date	Rank



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Former Employers *(List below the last three employers, starting with the most recent)*

Present/Most Recent Employer				
Address		City	State	Zip Code
Starting Date	Ending Date			Ending Job Title
Name of Supervisor	Phone Number	May we contact your supervisor?		
Description of Work				
Reason for Leaving				
Name of Previous Employer				
Address		City	State	Zip Code
Starting Date	Ending Date			Ending Job Title
Name of Supervisor	Phone Number	May we contact your supervisor?		
Description of Work				
Reason for Leaving				
Name of Previous Employer				
Address		City	State	Zip Code
Starting Date	Ending Date			Ending Job Title
Name of Supervisor	Phone Number	May we contact your supervisor?		
Description of Work				
Reason for Leaving				

Professional References:

Name	Address	Business	Phone Number

Authorization:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. 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 from any damage that may result from utilization of such information. I also understand and agree that no representative of Elevated Entrances, Inc has any authority to enter into any agreement for employment 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	Date
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