

Application for Employment

Position _____

Desired Salary _____

Date Available for Work _____

Name (Last Name, First) _____ Social Security No. _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Are you legally authorized to work in US? 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 History

	Years Attended	Did you Graduate	Name & Location of School	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

Special Training _____

Special Skills (ie Computer Training, Programs etc) _____

US Military or Naval Service _____ Rank _____

Employment

Date Mo & Yr From To	Position	Salary	Name and Address of Employer	Reason for Leaving

Are You Employed Now? Yes No If so, may we inquire of your present employer? Yes No

References (Give Below the names of three person not related to you, whom you known at least one year)

Name	Address	Business	Years Known

Continued on other side

Application for Employment

Authorization

"I certify that the facts contained in the 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 the release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree to no representative of the company 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."

Date

Signature

Do Not Write Below This Line

Date

Interviewed By

Remarks

Neatness

Character

Personality

Ability

Hired	For Department	Position	Will Report	Salary Wages
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Approved:

Employment Manager

Department Head

General Manager