

# APPLICATION FOR EMPLOYMENT

HR USE ONLY

Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_

Applicant No. \_\_\_\_\_  
Employee No. \_\_\_\_\_  
Company No. \_\_\_\_\_  
Location \_\_\_\_\_  
Date Employed \_\_\_\_\_

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED  
PLEASE PRINT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Documents Received:  
 Resume  
 Reference Checks  
 Interview Record  
 Payroll/Status Change Notice  
 Employee Record Card

Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Present Address \_\_\_\_\_  
No. Street City State Zip

Previous Address \_\_\_\_\_  
No. Street City State Zip

Telephone Number ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Do you have a legal right to be employed in the United States?  Yes (proof required)  No

Are you over the age of 18?  Yes  No

## COMPANY EXPERIENCE

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Where? \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## GENERAL

Are you currently employed? \_\_\_\_\_ If not, when was your last day employed? \_\_\_\_\_

Position applying for \_\_\_\_\_  Full Time  Part Time  Temporary  Seasonal

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been terminated from employment or asked to resign by an employer?  Yes  No

If yes, please provide company names and details: \_\_\_\_\_

Can you work any shift?  Yes  No If no, explain: \_\_\_\_\_

Can you work overtime, including weekends?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?  Yes  No

## EMPLOYMENT DESIRED

Date you can start \_\_\_\_\_ Hourly Rate/Salary Desired \_\_\_\_\_

Position Desired \_\_\_\_\_

Are you currently employed?  Yes  No If so, may we inquire of your present employer?  Yes  No

## EDUCATIONAL BACKGROUND

Type of School	Name and City	Did You Graduate?	Course or Major
College			
Technical School			
High School			
Other			

## LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

<b>1</b>	<b>COMPANY NAME</b>	DATES WORKED		POSITION(S) HELD
	ADDRESS, CITY, STATE, ZIP	FROM	TO	
	PHONE NO. ( )	DUTIES / RESPONSIBILITIES		
	TYPE OF BUSINESS			
	NAME OF SUPERVISOR	REASON FOR LEAVING		

<b>2</b>	<b>COMPANY NAME</b>	DATES WORKED		POSITION(S) HELD
	ADDRESS, CITY, STATE, ZIP	FROM	TO	
	PHONE NO. ( )	DUTIES / RESPONSIBILITIES		
	TYPE OF BUSINESS			
	NAME OF SUPERVISOR	REASON FOR LEAVING		

<b>3</b>	<b>COMPANY NAME</b>	DATES WORKED		POSITION(S) HELD
	ADDRESS, CITY, STATE, ZIP	FROM	TO	
	PHONE NO. ( )	DUTIES / RESPONSIBILITIES		
	TYPE OF BUSINESS			
	NAME OF SUPERVISOR	REASON FOR LEAVING		

<b>4</b>	<b>COMPANY NAME</b>	DATES WORKED		POSITION(S) HELD
	ADDRESS, CITY, STATE, ZIP	FROM	TO	
	PHONE NO. ( )	DUTIES / RESPONSIBILITIES		
	TYPE OF BUSINESS			
	NAME OF SUPERVISOR	REASON FOR LEAVING		

## REFERRAL SOURCE

How did you hear about us?  Walk In  Advertisement  Referral  Other

Do you know anyone who works for our company?  Yes  No If yes, who? \_\_\_\_\_

## WORK REFERENCES

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

## SPECIAL SKILLS

Do you have any special skills, experience, and/or training that would enhance your ability to perform the position applied for?

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT MUST READ AND SIGN**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

I understand that neither completion of this employment application nor any other part of my consideration for employment establishes any obligation for [ \_\_\_\_\_ ] to hire me. If I am hired, I understand that I will be employed at-will, and either [ \_\_\_\_\_ ] or I can terminate my employment at any time and for any legal reason, with or without cause and without notice.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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Applicant Signature

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Date