



APPLICATION FOR EMPLOYMENT

Position Applying for:

Date Available to Start:

Salary/Wage Desired:

Name:

Current Address:

City, State, Zip:

Telephone #

Email:

Do you have any relatives employed at Edwards Interiors? Yes No

EMPLOYMENT HISTORY:

Present or Most Recent Employer:

Address:

Phone #

Supervisor:

Wage/Salary:

Date Hired:

Date of Separation:

Description of Duties:

Reason for Leaving:

Prior Employer:

Address:

Phone #

Supervisor:

Wage/Salary:

Date Hired:

Date of Separation:

Description of Duties:

Reason for Leaving:

Prior Employer:

Address:

Phone #

Supervisor:

Wage/Salary:

Date Hired:

Date of Separation:

Description of Duties:

Reason for Leaving:

REFERENCES:

Name	Occupation	Phone Number



EDUCATION:

High School:	Address:
Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Course of Study:

College:	Address:
Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Course of Study:

Trade School:	Address:
Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Course of Study:

Skills, Qualifications, Licenses, Training, Awards:

RELEASE:

I hereby certify that the answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge. I hereby authorize my former employers, educational institutions and references to provide any and all information they may have regarding me, and I hold them harmless for any real or perceived damage that information may cause me. If, upon investigation, anything contained in this application is found to be untrue, I understand that I may be subject to immediate dismissal.

ALCOHOL AND DRUG POLICY:

I hereby certify that I am aware that this prospective employer maintains an Alcohol and Drug Free Workplace and that if offered a position with this employer, I will be required to take an Alcohol and Drug Test and, from time to time, on a random basis, may be required to submit to Alcohol and Drug Testing and that it is the policy of this employer to test all employees involved in and on-the-job accident for the presence of alcohol or drugs.

By signature of this Employment Application, I affirm my consent to be tested for alcohol and drug use as described above.

Applicant Signature: _____	Date: _____
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Company Use Only

Applicant Interviewed By:		
Date of Interview:		
Hired: YES NO	Start Date:	Pay Rate (Hr):
Position:	Department:	