



Job Applying for: \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temp \_\_\_\_\_ When could you start? \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Telephone Number

\_\_\_\_\_  
Present Street Address                      City                      State                      Zip Code

Are you 18 years of age or older? ..... Yes \_\_\_ No \_\_\_

Social Security# (optional) \_\_\_\_\_

If hired, can you furnish proof of eligibility to work in the U.S.? ..... Yes \_\_\_ No \_\_\_

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes \_\_\_ No \_\_\_

If yes, give details \_\_\_\_\_

(A "yes does not automatically disqualify you from employment, since the nature of the offense, date,  
And the job for which you are applying is also considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes \_\_\_ No \_\_\_

If yes, give details \_\_\_\_\_



For Driving Jobs Only: Do you have a valid drivers license? ..... Yes \_\_\_ No \_\_\_

Drivers License Number \_\_\_\_\_ Class of License \_\_\_\_\_

Have you ever had your license suspended or revoked in the last 3 years? Yes \_\_\_ No \_\_\_

List professional, trade, business, or civic activities and offices held.

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**Education**

List Name and Addresses of Schools

Years Completed   Diploma/Degree   Subjects Studies

High School or GED: \_\_\_\_\_

College or University: \_\_\_\_\_

Vocational or Technical: \_\_\_\_\_

What skills or additional training do you have that relates to the job for which you are applying?

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Have you worked or attended school under any other name? ..... Yes \_\_\_ No \_\_\_  
 If yes, give names: \_\_\_\_\_

Are you presently employed? ..... Yes \_\_\_ No \_\_\_

Have you ever been fired from a job or asked to resign? ..... Yes \_\_\_ No \_\_\_  
 If yes, please explain: \_\_\_\_\_

**Previous Employment**

<b>Name of Employer</b>	Job title/Duties
Address	Dates of employment (m/y) From: To:
City, State, Zip	Pay: Start \$ Final \$
Supervisor/Ph#	Reason for leaving
<b>Name of Employer</b>	Job title/Duties
Address	Dates of employment (m/y) From: To:

City, State, Zip	Pay: Start \$	Final \$
Supervisor/Ph#	Reason for leaving	
<b>Name of Employer</b>	Job title/Duties	
Address	Dates of employment (m/y) From: To:	
City, State, Zip	Pay: Start \$	Final \$
Supervisor/Ph#	Reason for leaving	

**Give 3 References**

Name	Address	Phone
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**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in the employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer report agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all states contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

I have read, understood and by my signature consent to these statements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_