



APPLICATION FOR EMPLOYMENT

FOR OFFICE USE ONLY

Table with 2 columns: Possible Work Location, Possible Positions

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Table with 2 columns: Work Location, Rate of Pay, Position, Date

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications.

PERSONAL

Date

Full Legal Name: Last First Middle Social Security No:

Present Address: No. Street City State Zip Code Home/Cell Number:

Are you legally eligible for employment in the U.S.A.? (YES) (NO) State age if under 18 or over 70:

Position(s) applied for: Rate of pay expected: \$ per week

Would you work: Full-Time Part-Time Specific days and hours if part-time:

Have you ever been employed by us? (YES) (NO) If yes, please list dates:

List any friends or relatives working for us, other than spouse: Names

If your application is considered favorably, on what date will you be available to start?

Please list any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization:

RECORD OF EDUCATION

Table with columns: Level of Education, Name/Address of School, Course of Study, Check last year completed (1-8), Did you graduate (Yes/No), List Diploma or Degree

Any other related education not listed:



EMPLOYMENT HISTORY

List below all present and past employment, beginning with your most recent or current job.

I.

Name and Address of Company and Type of Business	From		From		Describe your job duties	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone: _____									

II.

Name and Address of Company and Type of Business	From		From		Describe your job duties	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone: _____									

III.

Name and Address of Company and Type of Business	From		From		Describe your job duties	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone: _____									

IV.

Name and Address of Company and Type of Business	From		From		Describe your job duties	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone: _____									

V.

Name and Address of Company and Type of Business	From		From		Describe your job duties	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone: _____									

May we contact the employers listed above? (YES) _____ (NO) _____ If not, indicate by No. which ones(s) you do not wish us to contact.
 Numbers: _____ Reason: _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number	Relationship

Criminal Background Check

Have you ever been convicted of a felony? (YES) _____ (NO) _____ If yes, please explain: _____

Do you give us consent to run a background check if necessary? (YES) _____ (NO) _____



MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? (YES) _____ (NO) _____ If yes, what Branch? _____

Dates of duty From _____ To _____ Rank at discharge: _____

List duties in the service including any special training: _____

Have you taken any training under the GI Bill of Rights? (YES) _____ (NO) _____ If yes, what training? _____

SIGNATURE OF APPLICANT - Please read and sign below

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigations of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any such investigative report that is made.

Signature of applicant: _____

OFFICE USE ONLY (This area is NOT intended to be used by the applicant!)

Interviewer	Date	Notes/Comments

REFERENCE CHECKS RESULTS

	Name	Comments
1		
2		
3		