

# Application for Employment

**PERSONAL INFORMATION**

TODAY'S DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	CELL NO.	REFERRED BY	

**EMPLOYMENT DESIRED**

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? _____ YES _____ No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____ YES _____ NO	
EVER APPLIED TO THIS COMPANY BEFORE? _____ YES _____ NO	WHERE?	WHEN?

**EDUCATION HISTORY**

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

**GENERAL INFORMATION**

	SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS
U.S. MILITARY OR NAVAL SERVICE	RANK

**CONTINUE ON BACK**

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM & TO				
FROM & TO				
FROM & TO				

**REFERENCES** (GIVE BELOW THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	PHONE NUMBER	YEARS KNOWN	HOW YOU KNOW THEM

**AUTHORIZATION**

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

I also understand and agree that 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.”

TODAY'S DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**FOR OFFICE USE ONLY**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS

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NEATNESS	CHARACTER	
PERSONALITY	ABILITY	
HIRED	POSITION	HOURLY WAGE