



EMPLOYMENT APPLICATION

2020

Name and Address

Last Name	First Name	M.I.
Mailing Address:		
City, State and Zip Code		
Telephone		Alternate Phone
Email Address		last 4 digits of Social Security Number

Job Type - Availability

I have no preference	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>
I am seeking a : <input type="checkbox"/> Full-time job			<input type="checkbox"/> Part-time job			<input type="checkbox"/> Full or Part-time job	
How many hours can you work weekly?			Can you work nights?			Date available	
What position are you applying for?							

Additional Information

Have you ever been employed by this company?	Yes	No	If so, when?
Are you a citizen of the United States?	Yes	No	If no, are you authorized to work in the US? Yes No
Have you ever been convicted of a felony?	Yes	No	If yes, please explain
Do you have a driver's license	Yes	No	Driver's license number: Issued in what state:

If you are applying for a Driver's position please fill out the following

Have you had any accidents during the past three years?	Yes	No	How many?
Have you had any moving violations during the past three years?	Yes	No	How many?

Education

High School: Address :			
Did you graduate?	Yes	No	Degree/Diploma
College or Business/Trade School: Address:			
Did you graduate?	Yes	No	Degree:
Other:			
Other:			

Work Experience

Please list last 3 work experiences beginning with your most recent job held

Company:	Name of last supervisor	Phone
Address:		
Job Title:	Starting salary	Final salary
Responsibilities:	Start date:	Ending date:
Reason for leaving:		
May we contact this employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Company	Name of last supervisor :	Phone:
Address:		
Job Title:	Starting salary:	Final salary:
Responsibilities:	Start date	Ending date:
Reason for leaving:		
May we contact this employer?	Yes	No

Company	Name of last supervisor:	Phone:
Address:		
Job Title:	Starting salary:	Final salary:
Responsibilities.	Start date:	Ending date:
Reason for leaving:		
May we contact this employer?	Yes	No

References

Please include name, phone number and circumstances of your acquaintance. Exclude relatives.

Military Service

Have you ever been in the Armed Forces?	Yes	No	Date entered
Are you now a member of the National Guard?	Yes	No	Discharge date
Specialty:			

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature _____	Date: _____
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