



**EMPLOYMENT APPLICATION**

**2021**

**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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