



# Employment Application Form

**Applicants Will Be Tested For Illegal Drugs**

Please Print All Information Except Signature

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Position applying for \_\_\_\_\_ Hourly wage desired \$ \_\_\_\_\_

Employment desired \_\_\_\_\_ Full-Time Only \_\_\_\_\_ Part-Time Only \_\_\_\_\_ Full or Part-Time

When can you start? \_\_\_\_\_

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

Do you have a driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a reliable means of transportation to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's license number \_\_\_\_\_ State Issued \_\_\_\_\_

Expiration Date \_\_\_\_\_

Have you had any accidents during the past three years? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, how many? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, how many? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, are you authorized to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever worked for this company? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_

### Education / Training

Have you obtained a high school diploma or GED Certificate? \_\_\_\_Yes \_\_\_\_No

School	Name & Location	Number of years completed	Diploma/Degree
High School			
College/University			
Specialized Courses & Training			

### Military Service

Have you ever been in the armed forces? \_\_\_\_Yes \_\_\_\_No

Are you now a member of the National Guard? \_\_\_\_Yes \_\_\_\_No

Specialty \_\_\_\_\_ Enlistment Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

### Work Experience

Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.** Feel free to attach a resume.

Name of Employer _____ Address _____ City, State, Zip _____ Telephone _____	Name of last supervisor _____ _____ _____	Employment Dates _____ _____	Pay or Salary _____ _____
Your last job title _____ _____			
Reason for leaving (please be specific): _____ _____			
List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company. _____ _____ _____			

## Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.** Feel free to attach a resume.

Name of Employer _____ Address _____ City, State, Zip _____ Telephone _____	Name of last supervisor  _____ _____	Employment Dates  _____ _____	Pay or Salary  _____ _____
Your last job title _____ _____			
Reason for leaving (please be specific):			
List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company.			

Name of Employer _____ Address _____ City, State, Zip _____ Telephone _____	Name of last supervisor  _____ _____	Employment Dates  _____ _____	Pay or Salary  _____ _____
Your last job title _____ _____			
Reason for leaving (please be specific):			
List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company.			

## References

Please list two references other than relatives or previous employers.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Information to the application: As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job.

For employment, you will be required to show your drivers license, social security card, and proof of authorization to work in the United States.

I understand and agree to the information shown above:

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

### Employer Section

Hired: \_\_\_\_\_ Date: \_\_\_\_\_ Wage: \$ \_\_\_\_\_