



**PERSONAL INFORMATION**

**APPLICATION FOR EMPLOYMENT**

DATE: \_\_\_\_\_ 20\_\_\_\_

Name (Last, First, Middle)	Cell Phone No.
Address	Telephone No.
City/State/Zip	E-mail Address
Are you at least 18 years of age? No <input type="checkbox"/> Yes <input type="checkbox"/>	Position Desired
How did you hear about this job? _____	

Desired Work Hours	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Expected Salary \$ _____ Per _____
--------------------	------------------------------------	------------------------------------	------------------------------------

**EMPLOYMENT HISTORY – LIST YOUR LAST EMPLOYER FIRST (or attach resume)**

From	To	Company Name	City, State
Position Title/Duties		Starting / Leaving Salary	
Reason for Leaving		Supervisor's Name	Telephone No.
From	To	Company Name	City, State
Position Title/Duties		Starting / Leaving Salary	
Reason for Leaving		Supervisor's Name	Telephone No.
From	To	Company Name	City, State
Position Title/Duties		Starting / Leaving Salary	
Reason for Leaving		Supervisor's Name	Telephone No.
From	To	Company Name	City, State
Position Title/Duties		Starting / Leaving Salary	
Reason for Leaving		Supervisor's Name	Telephone No.

**U.S. Military Service**

Branch of Service _____ Active Duty from _____ to _____ Rank at Discharge _____
Are you subject to annual active duty training? No <input type="checkbox"/> Yes <input type="checkbox"/> Are you a member of Reserves or National Guard? No <input type="checkbox"/> Yes <input type="checkbox"/>

**EDUCATION**

High School	Grade Completed 9 10 11 12	Did you graduate?
College/University	Diploma/Degree	Did you graduate?
List Specific Skills (Computer, typing, languages, hobbies, special interests or professional organizations)		

**Personal: Complete the following.**

Do you have any physical condition that may limit your ability to perform the job for which you have applied? No  Yes  if yes, explain \_\_\_\_\_

Would you agree to take a physical examination? No  Yes

Person to notify in case of emergency: Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Complete Address \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_ Years in County \_\_\_\_\_ Years in State \_\_\_\_\_

Do you have legal right to remain and work in the United States? No  Yes

Do you have a valid Motor Vehicle Operator's License? No  Yes  From what state? \_\_\_\_\_ License No. \_\_\_\_\_

Have you ever been convicted of any criminal offense? No \_\_\_\_\_ if yes, explain \_\_\_\_\_

Were you ever employed by this organization? No  Yes  if yes, when \_\_\_\_\_

List name(s) of any relatives or acquaintances ever employed by this organization \_\_\_\_\_

References – List two references (not a relative or former employer) who have known you for at least five years:

Name	Address	Telephone	Occupation

I authorize investigation of all statements contained in this application form if I am considered for employment, and hereby authorize previous employers, personal references named, or any other person or persons to whom the company may refer to give any and all information regarding my employment or scholastic standing together with any other information, personal or otherwise, that may or may not be on their records.

I understand that misrepresentation or omission of the facts called for hereon, receipt of unsatisfactory references, or failure to pass a prescribed physical examination will be sufficient cause for dismissal from the company's service if I shall have been employed. I further understand that if I shall be employed, my employment will be on a probationary basis and either of us may terminate our work relationship during this probationary period for any reason. I may be discharged at any time for my inability to adapt myself to the requirements and duties of my employment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

Employer's Comments: