

Application For Employment

Equal Opportunity Employer

Name (Last, First, Middle)	Social Security Number
Address	Phone No.
City/State/Zip	Other No.
Previous Address	E-mail

Employment Desired

Position	Date You Can Start	Salary Desired
Are You Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever Applied This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are You Applying For: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp	Are You Legally Authorized To Work In The United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education History

Have You Obtained a High School Diploma or GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
High School	Location	Diploma / Degree	Subjects Studied
College / University	Location	Diploma / Degree	Subjects Studied
Other Education	Location	Diploma / Degree	Subjects Studied

General Information

Subjects of Special Study / Research / Or Other Special Training Or Skills You Have
U.S. Military or Naval Service Rank

Employment History (List below last four employers, starting with last one first)

Employer Name and Address	Position Title / Duties Skills	Dates Employed From / To
		Reason For Leaving
Salary	Supervisor's Name Telephone	

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References (Give below the names of three people not related to you, whom have known you at least one year.)

Name	Address	Telephone	Occupation	Years Known

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 forgoing, 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.

Date _____ Signature _____