



APPLICATION FOR EMPLOYMENT
(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION:

DATE: _____

NAME: _____

CURRENT ADDRESS: _____

PERMANENT ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

Do you have a legal right to be employed in the United States: ☐ Yes ☐ No

Are you over the age of 18: ☐ Yes ☐ No

EMPLOYMENT DESIRED:

POSITION APPLYING FOR: _____ ☐ Full Time ☐ Part-Time ☐ Other

REFERRED BY: _____

AVAILABLE START DATE: _____ DESIRED PAY RATE: _____

Have you worked for this company before: ☐ Yes ☐ No Dates From: _____ To _____

Position: _____ Rate of Pay: _____

Reason For Leaving: _____

EDUCATION: NAME & LOCATION:

OF YEARS: SUBJECT:

GRAMMAR SCHOOL:			
HIGH SCHOOL:			
COLLEGE:			
OTHER:			

SPECIAL SKILLS: _____

HOBBIES: _____

LIST ALL PRESENT & PAST EMPLOYMENT: BEGINNING WITH MOST RECENT

EMPLOYER & ADDRESS:	DATES:	POSITION:	WAGE:	DUTIES:	REASON FOR LEAVING:

Which of these jobs did you like best & why? _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU

NAMES:	ADDRESS & PHONE:	BUSINESS:	YEARS KNOWN:

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that if offered a job, it may be conditioned on the results of a drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I also understand that misrepresentation or omission of information or facts may result in my rejection and if I am employed, my employment may be terminated at any time. If hired, I agree to abide by all the rules and policies of the employer and I agree that my employment and compensation can be terminated, with or without cause, at any time, at either my or the company's option.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____ ABILITY: _____

HIRED: ☐ Yes ☐ No POSITION: _____ WAGE: _____ START DATE: _____