

# Application For Employment

## Personal Information

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

NAME (LAST, M.I., FIRST)		EMAIL	
CURRENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
PHONE #	REFERRED BY:		

## Employment Desired

POSITION:		DATE YOU CAN START:	
SALARAY DESIRED:	DESIRED HOURS PER WEEK:	ARE YOU EMPLOYED?	
IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	EVER APPLIED TO THIS COMPANY BEFORE? WHERE: WHEN:		

## Education History

NAME & LOCATION OF SCHOOL	YEARS ATTENEDED	DID YOU GRADUATE?
HIGH SCHOOL		
COLLEGE		
TRADE OR BUSINESS SCHOOL		

## General Information

SPECIALS SUBJECTS STUDIED OR SKILLS THAT WOULD HELP YOU PERFORM THIS JOB?

(CONTINUED ON OTHER SIDE.)

**Former Employees (List last three employers, starting with last one first.)**

MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				

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

NAME:	ADDRESS:	BUSINESS:	YEARS KNOWN

**AUTHORIZATION:**

“I certify that the legal 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 foregoing, 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 American with Disabilities Act (ADA) and other relevant federal and state laws.”

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_