

## Application for Employment: (Please fill out and return to HR)

### PERSONAL INFORMATION

Today's Date: \_\_\_\_\_

Full Name:		Social Security Number: -	
Address: Zip Code:		City:	State:
Home Phone:		Cell Phone:	
Area Code: - -		Area Code: - -	
County of Residence:		Email Address:	

Position Desired: \_\_\_\_\_ Date you can Start: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Part Time ☐

Full Time ☐

Salary Desired: \$ \_\_\_\_\_

### EDUCATION HISTORY

	Name and Location	Years Attended	Did you Graduate?	Subject Studied
Elementary School				
High School				
College/University				
Trade, Business or Correspondence School				

### FORMER EMPLOYERS (list below last four employers, starting with the last one first)

DATE Month & Year	Name & Address of Employer	Salary	Position	Reason for leaving
From _____ To _____	_____ _____	\$ _____	_____ _____	_____ _____
From _____ To _____	_____ _____	\$ _____	_____ _____	_____ _____
From _____ To _____	_____ _____	\$ _____	_____ _____	_____ _____
From _____ To _____	_____ _____	\$ _____	_____ _____	_____ _____

**REFERENCES** (give below the names of three persons not related to you, whom you have known at least one year)

Name/Phone Number	Address	Business	Years Known
Name _____			
Phone # _____			
Name _____			
Phone # _____			
Name _____			
Phone # _____			

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the reference and employers listed above to give you 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 Americans with Disability Act (ADA) and other relevant federal and state laws."

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

Printed Name: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- - - - - DO NOT WRITE BELOW THIS LINE - - - - -  
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Interviewer Additional Comments: \_\_\_\_\_

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