

APPLICATION FOR EMPLOYEMENT

PERSONNEL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.
ADDRESS		
CITY	STATE	ZIP
EMAIL:	PHONE#	

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY?		
WHO REFERRED YOU TO THIS COMPANY?		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED?
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO YOUR SUPERVISOR?	
NAME OF SUPERVISOR		TITLE	PHONE	
			FAX	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO YOUR SUPERVISOR?	
NAME OF SUPERVISOR		TITLE	PHONE	
			FAX	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO YOUR SUPERVISOR?	
NAME OF SUPERVISOR		TITLE	PHONE	
			FAX	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

REFERENCES

BELOW, GIVE THE NAME OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM HAVE KNOWN YOU AT LEAST ONE YEAR.

	NAME	Phone #	PROFESSION	YEARS AQUAINTED
1				
2				
3				

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN (WILL EXCLUDE YOU FROM CONSIDERATION)

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 FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.”

SIGNATURE

DATE

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY
COMMENTS

INTERVIEWED BY
COMMENTS

HIRED DATE	FOR POSITION	
SALARY WAGES	WILL REPORT	
APPROVED 1	EMPLOYMENT MANAGER	DATE
APPROVED 2	DEPARTMENT MANAGER	DATE
APPROVED 3	GENERAL MANAGER	DATE