

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

NAME		SOCIAL SECURITY NO.			
ADDRESS		CITY		STATE	ZIP
PHONE	ARE YOU 18 YEARS OR OLDER?				
	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

## DESIRED EMPLOYMENT

POSITION		START DATE		SALARY DESIRED	
EVER APPLIED HERE BEFORE?		IF SO, WHEN?	EVER WORKED HERE BEFORE?		IF SO, WHEN?
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
DID ANYONE HERE REFER YOU?					

## EDUCATION

LAST LEVEL AND PLACE OF EDUCATION			WHEN WAS THAT?		
FIELD OF STUDY			SPECIAL SKILLS OR TRAINING		

## FORMER EMPLOYERS (PLEASE LIST MOST RELATIVE) MAY WE CONTACT THIS EMPLOYER? YES NO

COMPANY		NAME OF SUPERVISOR			SUPERVISOR'S TITLE	
ADDRESS		CITY		STATE	ZIP	PHONE
START DATE	END DATE	JOB TITLE			START SALARY	END SALARY
JOB DESCRIPTION						

\* PLEASE LIST ANY OTHER FORMER EMPLOYERS ON THE BACK THAT YOU FEEL NECESSARY OR RELEVANT.

## HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? YES NO

IF YES, PLEASE EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

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## 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