

APPLICATION FOR EMPLOYMENT

Personal Information

Name:		Date:
Present Address:		Social Security #:
City:		Phone Number:
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When:
I am interested in: <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Either	Minimum number of hours desired:	
Are you able to work on Saturdays? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list any hours you are unavailable:	
Are you able to work on Sundays? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you able to go out of town for extended periods? ___ Yes ___ No		

Education

School Level:	High School	College	Trade, Business, Other
Name & Location:			
# of years attended:			
Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year of Graduation:			
Subjects Studied:			

References

Name	Phone Number	Business	Type of Relationship	Years Acquainted

Former Employers

List below your last three employers, starting with the most recent one first

Name of Present or Last Employer				
Address		City	State	Zip
Job Title	Starting Date	Leaving Date	Starting Wage	Final Wage
Name of Supervisor	Title	Phone	May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Work				
Reason For Leaving				
Name of Previous Employer				
Address		City	State	Zip
Job Title	Starting Date	Leaving Date	Starting Wage	Final Wage
Name of Supervisor	Title	Phone	May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Work				
Reason For Leaving				
Name of Previous Employer				
Address		City	State	Zip

Job Title	Starting Date	Leaving Date	Starting Wage	Final Wage
Name of Supervisor	Title	Phone	May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Work				
Reason For Leaving				

General

Subjects of Special Study or Research Work:
Special Training:
Special Skills:

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 the 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 and 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.

Date: ___/___/___ Signed: _____

This Company is an equal opportunity employer. We appreciate you taking the time to fill out this pre-employment questionnaire and for showing an interested in joining our growing company. Your application will be kept on file for up to four months, and then destroyed.