



# Application for Employment

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Internal Use Only	
Applicant No:	_____
Location:	_____
Date of Application:	_____

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non job-related disability, or any other protected group status.

Internal Use Only	
Documents Received:	
<input type="checkbox"/> Resume	
<input type="checkbox"/> Reference Checks	
_____	
_____	

## APPLICANT TO COMPLETE ALL INFORMATION REQUESTED (PLEASE PRINT)

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

Name: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
No. Street City, State, Zip

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Company Experience

Have you worked for this company before: \_\_\_\_

If "YES" please provide:

Dates: From \_\_\_\_\_ To: \_\_\_\_\_

Location: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ / \_\_\_\_\_

Position: \_\_\_\_\_

Reason(s) For Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### General

Are you currently employed? \_\_\_\_ If NOT when was your last day employed: \_\_\_/\_\_\_/\_\_\_

Position Applying for: \_\_\_\_\_  Full Time  Part Time  Temp  Seasonal

Rate of Pay Desired: \$ \_\_\_\_\_ / \_\_\_\_\_



Education

Type of School	Name & City	Year Graduated	Course or Major
College			
Technical School			
High School			
Other			

Previous Employment

Please start with most recent

From:	To:	Employer:	Phone:
Starting Title:	Ending Title:	Address	
Supervisor & Title		Nature of Work/Responsibilities	
Reason for Leaving			May we contact
Starting Hourly Rate/Salary		Final Hourly Rate/Salary	
From:	To:	Employer:	Phone:
Starting Title:	Ending Title:	Address	
Supervisor & Title		Nature of Work/Responsibilities	
Reason for Leaving			May we contact
Starting Hourly Rate/Salary		Final Hourly Rate/Salary	
From:	To:	Employer:	Phone:
Starting Title:	Ending Title:	Address	
Supervisor & Title		Nature of Work/Responsibilities	
Reason for Leaving			May we contact
Starting Hourly Rate/Salary		Final Hourly Rate/Salary	

## Work References

Name	Years Known	Relationship & Title	
Company			
Work Address	State	Home Phone	Work Phone

  

Name	Years Known	Relationship & Title	
Company			
Work Address	State	Home Phone	Work Phone

  

Name	Years Known	Relationship & Title	
Company			
Work Address	State	Home Phone	Work Phone

  

Name	Years Known	Relationship & Title	
Company			
Work Address	State	Home Phone	Work Phone

## Special Skills

Please check the skills for which you have received training:

- Word Processing (WPM \_\_\_\_\_)
- Data Entry
- Software Packages: \_\_\_\_\_
- Programming Languages: \_\_\_\_\_
- Database: \_\_\_\_\_
- Manufacturing Equipment: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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