



EMPLOYMENT APPLICATION

(please print)

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Position Applied For: _____

Are you a citizen of the United States? Yes No

If not, do you have work papers? Yes No

Over 18 Yes No

Do you voluntarily identify yourself as a veteran for reporting purposes? Yes No

Looking for... Full time only Part time only Full or Part time

What date are you available to begin work? _____

What days/times are you available to work? _____

EDUCATION

High School: _____

Did you graduate? Yes No Degree: _____

Business/Trade: _____

Did you graduate? Yes No Degree: _____

College/Univ.: _____

Did you graduate? Yes No Degree: _____

Graduate/Professional: _____

Did you graduate? Yes No Degree: _____

PREVIOUS EMPLOYMENT

Most Recent

Company: _____

Address: _____ Phone # _____

Supervisor: _____ Nature of Business: _____

Dates of Employment: _____ Positions Held: _____

Ending salary: _____ Reason for leaving: _____

Previous Employer

Company: _____

Address: _____ Phone # _____

Supervisor: _____ Nature of Business: _____

Dates of Employment: _____ Positions Held: _____

Ending salary: _____ Reason for leaving: _____

Company: _____
Address: _____ Phone # _____
Supervisor: _____ Nature of Business: _____
Dates of Employment: _____ Positions Held: _____
Ending salary: _____ Reason for leaving: _____

REFERENCES

Please furnish the names, addresses and phone #'s of two people to whom you are not related and by whom you have not been employed.

Name: _____
Address: _____
Phone #: _____

Name: _____
Address: _____
Phone #: _____

Who referred you to us? (person or agency if applicable): _____

Summarize your special skills or qualifications:

I certify that my answers are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

For Department Use Only

Action: _____
