

APPLICATION FOR EMPLOYMENT

TYPE OR PRINT

DATE: _____ **SOCIAL SECURITY NUMBER:** _____

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET COUNTY OF RESIDENCE

_____ CITY STATE ZIP

Telephone # () _____ Cell # () _____ Email: _____

Are you 55 years or older? Yes _____ No _____ Birth Date _____
month day year

Are you a US Citizen? Yes _____ No _____ If no, are you authorized to work in the US? Yes _____ No _____

EMPLOYMENT DESIRED

Position: _____ Start date: _____ Salary desired: _____

Are you currently employed? Yes _____ No _____ May we contact your employer? Yes _____ No _____

Have you ever applied to this company before? Yes _____ No _____ If Yes When? _____

Referred by _____

EDUCATION

<u>Name & Location</u>	#Years Attended	Did You Graduate?		Subjects Studied or
		Y	N	
Grammar School _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
High School _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
College _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trade, Business Correspondence School _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

SKILLS (INDICATE YOUR WORK SKILLS, EQUIPMENT OPERATION, EXPERIENCES, ABILITIES, ETC)

LICENSE OR CERTIFICATIONS:

License / Registration / Certification	Issuing Party	Date Issued
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FORMER EMPLOYERS (LIST STARTING WITH LAST OR CURRENT EMPLOYER)

DATE MO/YR	NAME & ADDRESS	PAY	POSITION JOB DESCRIPTION	REASON FOR LEAVING
FROM: ____/____	_____	STARTING: \$ _____	_____	
TO: ____/____	_____	ENDING: \$ _____	_____	
FROM: ____/____	_____	STARTING: \$ _____	_____	
TO: ____/____	_____	ENDING: \$ _____	_____	

REFERENCES: (LIST INDIVIDUALS NOT RELATED TO YOU AND WHOM YOU HAVE KNOWN AT LEAST ONE YR.)

NAME	ADDRESS	TELEPHONE	PROFESSIONAL/PERSONAL
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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 listed above to prove any and all information concerning my previous employment.

Date: _____ Signature: _____

In case of emergency notify: _____
NAME ADDRESS TELEPHONE #

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____	TITLE: _____	DATE _____
REMARKS: _____		

HIRED: YES ___ NO ___	POSITION: _____
SALARY/WAGE: _____	START DATE: _____
APPROVED BY: _____	TITLE: _____ DATE: _____