



## Employment Application

*Applicants are not required to give any information that is prohibited by federal, state/provincial, or local law.*

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  
           Last                      First                      Middle                      Preferred Name                      Date of Birth

Current Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Previous Address (if current address is less than 5 years) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_ @ \_\_\_\_\_

Is your driver's license currently suspended or revoked?  Yes  No Driver's License # \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

Have you ever entered a plea of guilty to, been convicted of, received deferred adjudicated probation, or forfeited bond in relation to a felony or any dishonest act?  Yes  No If yes, please provide details (date, location, disposition, etc.): \_\_\_\_\_

Are you authorized to work in the United States?  Yes  No

Position Applying for: \_\_\_\_\_ Date available for work \_\_\_\_\_

### Education and Training

List Business Schools, Trade Schools, and Colleges attended	Location	Dates Attended (From-To)	Date you did/will graduate	Work related license or certificates

### Work History Data

List most recent employer first. Include part-time employment.

Employment Dates		Company and Address	Position or Type of Work	Salary	Immediate Supervisor	Reason for Leaving
From	To					

Describe duties performed in above listed work experience.

\_\_\_\_\_

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\_\_\_\_\_

**Skills**

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Describe any additional job-related experiences, special skills or knowledge, which would be helpful in considering you for employment.

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**References**

Give the names and addresses of two individuals, not related, who know you well and to whom we may refer.

Name	Address	Phone Number	Occupation

If currently employed, may your employer be contacted at this time for a reference?  Yes  No

What starting salary do you expect? \_\_\_\_\_ per \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*The information I have provided is complete and accurate to the best of my knowledge. I also understand that providing the information may disqualify me from further consideration.*

*I authorize this agency to contact:*

- *My previous employers*
- *The schools I attended*
- *The personal references I have listed*

*I also authorize this agency to make other investigation of my personal, financial, or credit background (including) obtaining a credit report (also known as a "consumer report" under the Fair Credit Reporting Act/Consumer Reporting Act) for the purpose of evaluating my qualifications for candidate screening. This authorization extends for twelve (12) months from today's date.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by employer:**

Interview Date	Position Hired For	Starting Rate of Pay	Interviewed By	Applicant Signature
Drug Screen Date	Background Check Date	Safety Council Date	Other Testing	Employment Start Date