

This information will not be the only basis for hiring decisions. You are not required to furnish any information that is prohibited by federal, state or local law.

Employment Application



PERSONAL INFORMATION

Date _____

Last Name First Middle

Current Address City State Zip

Permanent Address City State Zip

() ()
Home Phone Cell Phone E-mail

Position Applied For Earnings Expected \$

Date you can start Hours Available Are you employed now? May we contact your present employer?

Referred to us by Do you have dependable transportation? Have you applied before? If so, when and where.

I. BUSINESS EXPERIENCE *Please start with your most recent position.*

A _____ ()
Firm Kind of Business Phone

Address City State Zip

Employed From *Show months as well as years* To *Show months as well as years* Title
\$ \$ \$ \$ \$
Initial Compensation Final Total Compensation Base Bonus Other

Supervisory Responsibility Name & Title of Immediate Supervisor

What do/did you like most about your job?

What do/did you least enjoy?

Reason for leaving

B _____ ()
Firm Kind of Business Phone

Address City State Zip

Employed From *Show months as well as years* To *Show months as well as years* Title

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Initial Compensation	Final Total Compensation	Base	Bonus	Other

Supervisory Responsibility	Name & Title of Immediate Supervisor
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What do/did you like most about your job?

What do/did you least enjoy?

Reason for leaving

C Firm _____ Kind of Business _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Employed From *Show months as well as years* _____ To *Show months as well as years* _____ Title _____

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Initial Compensation	Final Total Compensation	Base	Bonus	Other

Supervisory Responsibility	Name & Title of Immediate Supervisor
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What do/did you like most about your job?

What do/did you least enjoy?

Reason for leaving

Other Positions Held

	a. Company b. City	a. Your title b. Name of supervisor	Date (mo/yr) a. Began b. Left	Compensation a. Initial b. Final	a. Type of work b. Reason for leaving
D	a. _____ b. _____	_____	_____	\$ _____ \$ _____	_____
E	a. _____ b. _____	_____	_____	\$ _____ \$ _____	_____
F	a. _____ b. _____	_____	_____	\$ _____ \$ _____	_____
G	a. _____ b. _____	_____	_____	\$ _____ \$ _____	_____

Indicate by letter _____ any above employers you do not wish contacted.

II. MILITARY EXPERIENCE

If in service, indicate branch	Date (mo/yr) entered	Date (mo/yr) discharged
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Nature of duties

Highest rank or grade	Terminal rank or grade
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III. EDUCATION

High School

College/Graduate School

A. High School

Name of High School Location

Approximate number in graduating class Rank from the top Final grade point average (A = _____)

Extracurricular activities

Offices, honors/awards

Part-time and summer work

B. College/Graduate School

Name and location	Dates		Degree	Major	Grade Point Average	A=	Total Credit Hours	Extracurricular activities, honors, and awards
	From	To						
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

What undergraduate class did you like most? Why?

What undergraduate class did you like the least? Why?

How was your education financed?

Part-time and summer work

Other courses, seminars, or studies

IV. ACTIVITIES

Membership in professional or job-relevant organizations *You may exclude groups that indicate race, color, religion, national origin, disability, or other protected status.*

Publications, patents, inventions, professional licenses, or additional special honors or awards

What qualifications, abilities, and strong points will help you succeed in this job?

What are your weak points and areas for improvement?

V. CAREER NEEDS

Willing to relocate? If no, explain.

Amount of overnight travel acceptable.

What are your career objectives?

VI. OTHER

Do you have the legal right to work for any employer in the United States?

Have you ever been convicted of a felony? If so, please explain.

List any defects in: Speech Hearing Vision Other

In case of emergency please notify Phone Number Relationship

VII. REFERENCES

Name	Address	Phone	Occupation	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I affirm that the information provided by me on this application is true and complete. I understand and agree that the provision of false information or the omission of significant information is sufficient reason for the rejection of my application or termination of my employment.

I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. I hereby agree to hold the Company harmless for any action it may take with respect to this application based upon the information provided to it by these references.

If employed, in consideration of said employment, I agree to conform to the rules and regulations of the Company and further agree that my employment can be terminated, with or without cause, at any time, either by me or the Company. I understand that no employee or representative of the Company, other than the President, Vice President, or Area Manager 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.

Signature _____ Date _____

Interviewed By _____ Date _____

Comments _____

References Checked By _____ Date _____

Final Disposition _____