

# Application for Employment



## Personal Information

Name \_\_\_\_\_ Referred by \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Employment Desired

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_

Employment status desired:  Full-time  Part-time

Are you currently employed?  Yes  No      If so, may we inquire of your present employer?  Yes  No

## Education History

	Location and Name	Years Attended	Graduate/Subjects Studied
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

## General Information

Subjects of special study/research \_\_\_\_\_

Work or special training/skills \_\_\_\_\_

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

Are you fluent in any other languages?  Yes  No      If yes, please list \_\_\_\_\_

## Former Employers *(List below the last four employers, starting with the last one first.)*

Date (month and year)	Name and address of employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

**References** (Give the names of three persons not related to you, whom you have known at least one year.)

Name	Address/Phone	Business	Years Known

**Authorization**

“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 and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company 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, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name \_\_\_\_\_