

## EMPLOYMENT APPLICATION

| APPLICANT INFORMATION                     |                     |                              |                             |  |                              |                             |
|---|---------------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Last Name                                 | First               | M.I.                         | Date                        |  |                              |                             |
| Street Address                            |                     | Apartment/Unit #             |                             |  |                              |                             |
| City                                      | State               | ZIP                          |                             |  |                              |                             |
| Phone                                     | E-mail Address      |                              |                             |  |                              |                             |
| Date Available                            | Social Security No. | Desired Salary               |                             |  |                              |                             |
| Position Applied for                      |                     |                              |                             |  |                              |                             |
| Are you a citizen of the United States?   |                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever worked for this company?    |                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                   |                              |                             |
| Have you ever been convicted of a felony? |                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                |                              |                             |

| EDUCATION   |                   |                              |                              |                             |        |
|-------------|-------------------|------------------------------|------------------------------|-----------------------------|--------|
| High School | Address           |                              |                              |                             |        |
|             | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/>  | Degree                      |        |
| College     | Address           |                              |                              |                             |        |
| From        | To                | Did you graduate?            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other       | Address           |                              |                              |                             |        |
| From        | To                | Did you graduate?            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

| REFERENCES                                 |              |  |
|--|--------------|--|
| Please list three professional references. |              |  |
| Full Name                                  | Relationship |  |
| Company                                    | Phone ( )    |  |
| Address                                    |              |  |
| Full Name                                  | Relationship |  |
| Company                                    | Phone ( )    |  |
| Address                                    |              |  |
| Full Name                                  | Relationship |  |
| Company                                    | Phone ( )    |  |
| Address                                    |              |  |

**PREVIOUS EMPLOYMENT**

|   |                    |                    |
|---|--------------------|--------------------|
| Company   | Phone ( )          |                    |
| Address   | Supervisor         |                    |
| Job Title   | Starting Salary \$ | Ending Salary \$   |
| Responsibilities  |                    |                    |
| From  | To                 | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |
| Company   | Phone ( )          |                    |
| Address   | Supervisor         |                    |
| Job Title   | Starting Salary \$ | Ending Salary \$   |
| Responsibilities  |                    |                    |
| From  | To                 | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |
| Company   | Phone ( )          |                    |
| Address   | Supervisor         |                    |
| Job Title   | Starting Salary \$ | Ending Salary \$   |
| Responsibilities  |                    |                    |
| From  | To                 | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |

**MILITARY SERVICE**

|                                  |                   |    |
|----------------------------------|-------------------|----|
| Branch                           | From              | To |
| Rank at Discharge                | Type of Discharge |    |
| If other than honorable, explain |                   |    |

**DISCLAIMER AND SIGNATURE**

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date