



# APPLICATION FOR EMPLOYMENT

To The Applicant: We appreciate your interest in our firm and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

## PERSONAL

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(NUMBER) (STREET) (CITY) (ZIP)

Social Security No. \_\_\_\_\_ Are you 18 years or older? Yes  No

Are you a U.S. citizen? Yes  No  (Not applicable in California)

If you are not a U.S. citizen, do you have the legal right to remain permanently in the United States? Yes  No

Have you been previously employed here? Yes  No  If yes, date(s) \_\_\_\_\_

Supervisor name(s) \_\_\_\_\_

Have you filed an application before? Yes  No  If yes, date(s) \_\_\_\_\_

List any friends or relatives working here \_\_\_\_\_

Is there anything which you know of that will keep you from getting to work on time? \_\_\_\_\_

## EMPLOYMENT DESIRED

Position(s) applied for \_\_\_\_\_

Kind of work sought: Full time  Part time  Other \_\_\_\_\_

If part time, please specify hours and days desired: \_\_\_\_\_

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? \_\_\_\_\_

Salary desired \_\_\_\_\_

Date available to start work \_\_\_\_\_

**WORK EXPERIENCE**

**1) Present or most recent employer:**

Employer name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_  
 Date started \_\_\_\_\_ Starting salary \_\_\_\_\_ Starting position \_\_\_\_\_  
 Date left \_\_\_\_\_ Present/final salary \_\_\_\_\_ Position upon leaving \_\_\_\_\_  
 Describe work performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Whom shall we contact: Name \_\_\_\_\_ Position/title \_\_\_\_\_

**2) Previous employer:**

Employer name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_  
 Date started \_\_\_\_\_ Starting salary \_\_\_\_\_ Starting position \_\_\_\_\_  
 Date left \_\_\_\_\_ Present/final salary \_\_\_\_\_ Position upon leaving \_\_\_\_\_  
 Describe work performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Whom shall we contact: Name \_\_\_\_\_ Position/title \_\_\_\_\_

**3) Previous employer:**

Employer name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_  
 Date started \_\_\_\_\_ Starting salary \_\_\_\_\_ Starting position \_\_\_\_\_  
 Date left \_\_\_\_\_ Present/final salary \_\_\_\_\_ Position upon leaving \_\_\_\_\_  
 Describe work performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Whom shall we contact: Name \_\_\_\_\_ Position/title \_\_\_\_\_

**EDUCATION**

	Dates attended From To	Did you Graduate?	Name and location of school
High School			
College/University			
Trade/Technical			

**RELATED KNOWLEDGE / SPECIAL SKILLS**

List any skills, training or qualifications you have that you feel would be of benefit to your employment here. \_\_\_\_\_  
 \_\_\_\_\_  
 What types of business machines do you operate? \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES***(Do not include relatives or former employers)*

	Name	Address	Phone Number	Years Acquainted
1.				
2.				
3.				

**MILITARY SERVICE RECORD**Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes  No 

If yes, what branch \_\_\_\_\_ Rank at discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_

Are you in the reserves Yes  No  If yes, date obligation ends \_\_\_\_\_

Special/technical training \_\_\_\_\_

**DRIVING RECORD** (Applicant should complete this portion if position requires driving)

Type of driver's license you hold: Operator \_\_\_\_\_ Commercial operator \_\_\_\_\_ Chauffeur \_\_\_\_\_

State issued by \_\_\_\_\_ Expiration date \_\_\_\_\_

How many years have you been driving? \_\_\_\_\_

If your driver's license has been revoked or suspended in the last 10 years, please explain why \_\_\_\_\_

Explain any restrictions on your license \_\_\_\_\_

List any recent moving traffic violations or accidents (past 3 years):

Month / Year	Description of violation or accident

State any additional information that you feel may be helpful to us in considering your application.

Name, address of the person to be notified in the even of accident or emergency \_\_\_\_\_

**AUTHORIZATION AND UNDERSTANDING:**

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. If hired, I agree I will serve at the will of the firm and I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of the firm as they are from time-to-time changed with or without notice to me. I agree that either party may terminate the employment relationship, with or without cause, at any time for any reason. I hereby authorize the firm to deduct each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owned by me to the firm during the course of my employment. I agree that these arrangements may only be altered in writing directed to me personally by the President of the firm. I further agree that if I should bring any action or claim arising out of my employment against the firm in which the firm prevails, I will pay to the firm any and all costs incurred by the firm in defense of said claims or actions, including attorneys fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical (if such physical is required) are known.

Signature

Date

# FOR INTERVIEWER'S USE

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HIRED:** Yes  Starting date \_\_\_\_\_ Department \_\_\_\_\_ Job title \_\_\_\_\_

No  Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVED:**

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_