



## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

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

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

|   |                                 |                                |  |                                 |                                |
|---|---------------------------------|--------------------------------|--|---------------------------------|--------------------------------|
| Are you a citizen of the United States?   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| Have you ever worked for this company?    | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | If yes, when?                                  | _____                           |                                |
| Have you ever been convicted of a felony? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |  |                                 |                                |

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

|                       |                   |                                 |                                |                |
|-----------------------|-------------------|---------------------------------|--------------------------------|----------------|
| From: _____ To: _____ | Did you graduate? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Diploma: _____ |
|-----------------------|-------------------|---------------------------------|--------------------------------|----------------|

College: \_\_\_\_\_ Address: \_\_\_\_\_

|                       |                   |                                 |                                |               |
|-----------------------|-------------------|---------------------------------|--------------------------------|---------------|
| From: _____ To: _____ | Did you graduate? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Degree: _____ |
|-----------------------|-------------------|---------------------------------|--------------------------------|---------------|

Other: \_\_\_\_\_ Address: \_\_\_\_\_

|                       |                   |                                 |                                |               |
|-----------------------|-------------------|---------------------------------|--------------------------------|---------------|
| From: _____ To: _____ | Did you graduate? | YES<br><input type="checkbox"/> | NO<br><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: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference?

### 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: \_\_\_\_\_



Application EEO Data Form

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. This will be kept in a confidential file.

Name: \_\_\_\_\_ Position(s) Applying For: \_\_\_\_\_

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

Daytime Phone: ( ) - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month/Day/Year

Ethnic Origin: Check One  
 Hispanic  Non-Hispanic

Check one:  Male  Female

Check all that applies:  
 White  Black  Hispanic  Asian  Am. Indian  Other

Check any of the following that are applicable:

Vietnam Veteran  Disabled Veteran

Driver's License # (if required for position): \_\_\_\_\_ Commercial Driver's License  Yes  No  
State Number

How were you referred to us?  Newspaper Ad  Website  Employee referral: \_\_\_\_\_  Other: \_\_\_\_\_

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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Security Number