

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION:

DATE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

Name (Last, First MI) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_

Phone Number \_\_\_\_\_ Message Phone \_\_\_\_\_

If Hired, When can you start \_\_\_\_\_ Desired Salary \_\_\_\_\_

Position Applying For \_\_\_\_\_ Availability? \_\_\_\_\_

Have you ever been employed by this or an affiliated company before \_\_\_\_\_ If yes when? \_\_\_\_\_

\_\_\_\_\_ Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

If related to anyone in our company, Please specify \_\_\_\_\_

Are you currently employed \_\_\_\_\_ Where \_\_\_\_\_

Are you a citizen of The United States? And can you provide proper documentation \_\_\_\_\_

### EDUCATION

High School (Address, City, State) \_\_\_\_\_

Years completed/Date of graduation \_\_\_\_\_

Are you a member of The United States Military? \_\_\_\_\_ Rank \_\_\_\_\_

Branch \_\_\_\_\_ Present member in guard or reserves \_\_\_\_\_

Have you ever been a member of The United States Military? \_\_\_\_\_

If yes, When \_\_\_\_\_ Branch \_\_\_\_\_ Rank \_\_\_\_\_

Date of discharge \_\_\_\_\_

**FORMER EMPLOYERS** (List below last four employers, most recent first)

Name of employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Salary \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor \_\_\_\_\_ May we contact them \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Name of employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Salary \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor \_\_\_\_\_ May we contact them \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Name of employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Salary \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor \_\_\_\_\_ May we contact them \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**PHYSICAL RECORD:**

List any physical defects \_\_\_\_\_

Have you ever been injured? \_\_\_\_\_ Give details \_\_\_\_\_

Have you any defects in Hearing? \_\_\_\_\_ Vision? \_\_\_\_\_ In Speech \_\_\_\_\_

In the event of an emergency whom should we notify? \_\_\_\_\_

Relation \_\_\_\_\_ Phone Number \_\_\_\_\_

**I Authorize investigation of all statements contained on this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.**

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

**\* Condition for employment is a mandatory pre-employment drug screen. The cost is \$20.00 and is paid by you up front and is reimbursed within two weeks of employment with a negative result. A positive test will result in immediate termination.**