

# Employment Application

How were you referred to us: \_\_\_\_\_

## Applicant Data:

Full name (Last, First, Middle): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile/Pager/Other: \_\_\_\_\_

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

Date Available to Start: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Are you a citizen of the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, are you legally allowed to work in the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Type of employment desired:

Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Temporary: \_\_\_\_\_ Seasonal: \_\_\_\_\_

Have you ever pled "guilty," "no contest," or been convicted of a crime? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, give dates and details: \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Type: CDL Operator

Have you had any accidents in the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

Any moving violations during the past 3 years? \_\_\_\_\_ How many? \_\_\_\_\_

	Name	Location	Graduate?
High School			
College			
Bus. or Trade			

**Previous Employment (begin with most recent position):**

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_

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

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

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_

Ending Salary and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer as a reference? \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_

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

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

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_

Ending Salary and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer as a reference? \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_

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

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

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_

Ending Salary and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer as a reference? \_\_\_\_\_

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any

and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

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Signature

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Date

**Applicant Waiver**

(All job applicants must sign and submit with application form)

I hereby certify that the information hereunder is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information.

In consideration for my employment and my being considered for employment by your company, I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by your company at any time, at the company's sole option and without any prior notice. In addition, I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or me.

I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or to make any agreement, that is contrary to the foregoing.

I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed.

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Applicant

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Date

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Company Representative

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Date

