



Employment Application

(EQUAL OPPORTUNITY EMPLOYER)

DATE _____

PERSONAL INFORMATION

Name (Last Name First)	Social Security Number
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Present Address	City	State	Zip Code
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Home Phone Number	Cell Phone Number
Email Address:	

EMPLOYMENT DESIRED

Position	Date You Can Start	Desired Compensation
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Are you Currently Employed? Yes or No If so, may we inquire of your present employer? Yes or No

Have you ever applied to this company before? Yes or No Where? When?
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EDUCATION HISTORY			
	Name & Location of School	Years Attended	Did you graduate?
Major High School	_____	_____	_____
College	_____	_____	_____
Trade School	_____	_____	_____

GENERAL INFORMATION

Subjects of special study/research work or special training/skills

U.S. Military or Naval Service

Rank

FORMER EMPLOYERS (List below the last four employers, starting with last one first)

Date (Month & Year) Start Date & End Date	Name & Address of Employer	Annual Compensation	Position	Reason For Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES (Give below the names of three persons not related to you, who you have known at least one year)

Name	Business Name and/or Phone No.	(Client, Supervisor, Peer/Coworker)	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE _____ **SIGNATURE** _____