

# APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION				
NAME (LAST, FIRST MIDDLE)		SOCIAL SECURITY NUMBER		
STREET ADDRESS		CITY	STATE	ZIP
PHONE NO. ( )		REFERRED BY		
HAVE YOU EVER SERVED IN THE US MILITARY: ___Yes ___No		TYPE/RANKING:		
EMPLOYMENT DESIRED				
POSITION (YOU ARE APPLYING FOR)		DATE YOU CAN START	SALARY DESIRED	
ARE YOU CURRENTLY EMPLOYED: ___Yes ___No		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER: ___Yes ___No		
HAVE YOU EVER APPLIED TO THIS COMPANY? ___Yes ___No WHEN: _____		HAVE YOU EVER WORKED FOR THIS COMPANY? ___Yes ___No		WHEN/ POSITION:
DO YOU HAVE A COMMERCIAL DRIVER LICENSE? ___Yes ___No		CLASS/ENDORSEMENTS:		STATE:
EDUCATION/ SKILLS				
NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED:	
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, DRIVING, TRAINING, CERT. SKILLS				
FORMER EMPLOYMENT (Please list all former employers)				
MONTH, YEAR	NAME AND ADDRESS	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				
REFERENCES (Please list professional references)				
Name	Address	Phone	Relation	Years Known

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 termination.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date