

Job Application

Personal Information

Name (last, first, middle initial)			Social Security number		
Present address	Apt. no.	City	State	Zip	
Permanent address	Apt. no.	City	State	Zip	
Are you 18 years or older? <input type="radio"/> Yes <input type="radio"/> No	Phone				

Desired Employment

Position		Date you can start	Hourly wage or salary desired	
Are you employed now? <input type="radio"/> Yes <input type="radio"/> No	If so, may we inquire of your present employer? <input type="radio"/> Yes <input type="radio"/> No			
Type of employment desired: Full-time Part-time Temporary				
Have you ever been bonded? <input type="radio"/> Yes <input type="radio"/> No		Are you eligible for employment in this country? <input type="radio"/> Yes <input type="radio"/> No <small>(Proof of U.S. citizenship or immigration status will be required upon employment.)</small>		
Are you willing to work overtime if required? <input type="radio"/> Yes <input type="radio"/> No				
Have you been convicted of a felony in the last seven years? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain:				
Are you able to perform the essential functions of the job applied for, with or without reasonable accommodation? <input type="radio"/> Yes <input type="radio"/> No If no, please explain: <small>(If the requirements for the job have not been listed, you need not reply.)</small>				

Education

School Level	Name and Location of School	No. of Years Attended	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

Special Training or Skills

Subjects of special study or research work
Special training
Special skills

Personal Information

List your last three employers below, starting with the most recent one first.

Name of present or last employer			
Address	City	State	Zip
Starting date	Leaving date	Job title	
Starting hourly pay	Ending hourly pay	May we contact your supervisor?	<input type="radio"/> Yes <input type="radio"/> No Phone #
Description of work			
Reason for leaving			

Name of previous employer			
Address	City	State	Zip
Starting date	Leaving date	Job title	
Starting hourly pay	Ending hourly pay	May we contact your supervisor?	<input type="radio"/> Yes <input type="radio"/> No
Description of work			
Reason for leaving			

Name of previous employer			
Address	City	State	Zip
Starting date	Leaving date	Job title	
Starting hourly pay	Ending hourly pay	May we contact your supervisor?	<input type="radio"/> Yes <input type="radio"/> No Phone #
Description of work			
Reason for leaving			

References

List three people you have known for at least one year, whom you are not related to.

	Name	Phone #	Relationship	Years Acquainted
1				
2				
3				

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, false statements in this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and give you permission to contact the references and employers listed above so as to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I 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.

Signature _____ Date _____