

# Employment Application

## Applicant Information

Full name \_\_\_\_\_ Date \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street address Apartment/Unit #

\_\_\_\_\_  
City State Zip code

Day phone ( ) - Evening phone ( ) -

Cell phone ( ) - Email address \_\_\_\_\_

Position applying for \_\_\_\_\_ Hours ☐ Full-time ☐ Part-time Date available \_\_\_\_\_

## Employment Questions

	YES	NO
Are you under 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, can you provide required proof of eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, may we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked for this company?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when? _____		
Can you travel if the job requires it?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide the following information:

Date	Nature of crime



## Education/Training

High school \_\_\_\_\_ Did you graduate? ☐ YES ☐ NO

Address \_\_\_\_\_

Degree \_\_\_\_\_ Special study \_\_\_\_\_ Class rank \_\_\_\_\_

College \_\_\_\_\_ Did you graduate? ☐ YES ☐ NO

Address \_\_\_\_\_

Degree \_\_\_\_\_ Special study \_\_\_\_\_ Class rank \_\_\_\_\_

Other \_\_\_\_\_ Did you graduate? ☐ YES ☐ NO

Address \_\_\_\_\_

Degree \_\_\_\_\_ Special study \_\_\_\_\_ Class rank \_\_\_\_\_

Apprenticeship \_\_\_\_\_

Address \_\_\_\_\_

Skills mastered \_\_\_\_\_

List any job-related training classes or seminars completed.

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List any job-related licenses or certifications possessed.

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List any professional, trade, business, or civic activities and offices held.

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## Previous Employment

*Please provide your employment history for the past 10 years beginning with the most recent. We will be contacting your previous supervisors, so you may wish to alert them. List and explain any gaps in employment or periods of unemployment. (Ask for a separate sheet if necessary.)*

Company \_\_\_\_\_ Job title \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Phone (       )       -

From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Skills required \_\_\_\_\_

Company \_\_\_\_\_ Job title \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Phone (       )       -

From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Skills required \_\_\_\_\_

Company \_\_\_\_\_ Job title \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Phone (       )       -

From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Skills required \_\_\_\_\_

## References

*Please list three references that can provide information about your skills.*

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Phone (       )       -

Address \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Phone (       )       -

Address \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Phone (       )       -

Address \_\_\_\_\_



## Disclaimer and Signature

*I certify that my answers herein are true and complete and if found otherwise at any time are grounds for not being hired (or for termination, if hired).*

*I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and hereby release from liability anyone who provides this information.*

*I understand that employment may be contingent upon meeting additional requirements, such as physical requirements of the job, drug tests, background checks, etc.*

*I understand that I am required to abide by all rules and regulations of the employer, as they may exist or be modified from time to time, including the company's workplace harassment policy.*

*I understand, also, that if hired my employment is of an at will nature and may be terminated at any time, for any reason. I also understand that no one at the company has any authority to promise or represent anything to the contrary.*

*I agree that any claim or lawsuit relating to my employment with the company must be filed no more than six months after the date of the employment action (e.g., hire, discharge, etc.) that is the subject matter of the claim or lawsuit. I waive any statute of limitations to the contrary.*

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

