



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____

Social Security #: _____

Emergency Contact Name/ Relationship & Phone #: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO Are you 18 years or older YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain (*Conviction of a felony will not necessarily bar you from employment): _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Do you agree to pre-employment drug testing? YES NO

If hired, do you agree to random drug testing? YES NO

ON THE BACK OF THIS FORM, PLEASE INCLUDE THE FOLLOWING:

- 1. YOUR REFERENCES – NAMES & PHONE NUMBERS
- 2. YOUR PERSONAL SKILLS & ABILITIES

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Employment at this business requires all employees to be fit to perform any physical and/or mental activities related to the essential functions of their jobs, as well as to appear regularly and on time for work as assigned. After an offer of employment is made to you and before you report to work, you are required to submit to a medical review. Depending on Company policy and the requirements of the job, you may be required to be examined by a medical professional chosen by the Company.

In order for your application to be considered, every question must be answered. Correct phone numbers are very important! We routinely contact an applicant's current employer for reference checks.

Signature: _____ Date: _____

PLEASE LEAVE ON COUNTER AT WINDOW