



APPLICATION FOR EMPLOYMENT

Please complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application.

Name:
Address:
City / State / Zip:
Phone:
Position Applied For:
Special Training and/or Skills: (languages, machine operation, etc.) that would benefit you in the job for which you are applying?

Would you accept full time work? Yes \_\_\_ No \_\_\_
Would you accept part time work? Yes \_\_\_ No \_\_\_

What date would you be available for work:
Have you ever been employed here before? Yes \_\_\_ No \_\_\_ Dates:
Do you have a legal right to be employed in the U.S. Yes \_\_\_ No \_\_\_
Are you of legal age to work? Yes \_\_\_ No \_\_\_

For Office Use Only
Employee #
Hire Date:
Position:
Rate:
Class:
Skill:
Other:
Notes:
Attachments:
Resume
Applicant Reference Check
Applicant Interview
Payroll Change Notice
Employee Data Card

EDUCATIONAL BACKGROUND

High School:
Name and Location:
Course of Study: Did you graduate? Yes \_\_\_ No \_\_\_

College:
Name and Location:
Course of Study: Did you graduate? Yes \_\_\_ No \_\_\_
Degree or Diploma:

Graduate / University:
Name and Location:
Course of Study: Did you graduate? Yes \_\_\_ No \_\_\_
Degree or Diploma:

Vocational, Technical, or Other Training:
Name and Location:
Course of Study: Did you graduate? Yes \_\_\_ No \_\_\_
Degree or Diploma:

Continuing Education:

**PREVIOUS EMPLOYMENT AND ADDRESSES**

Place an " X " next to the employer(s) you do not want us to contact. List the most recent employer first.

1 Company Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_

2 Company Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_

3 Company Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_

4 Company Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rule and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's president, has the authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_