



EMPLOYMENT APPLICATION

Personal Information Date of birth: _____ Date: _____

Name Social Security Number

Present Address City State Zip Code

Permanent Address City State Zip Code

() _____
Phone Number E-mail Address

Position Applying for Referred by Date you can start Salary Desired

Are you employed? _____ Yes _____ No
If so, may we inquire of your present employer? _____ Yes _____ No

Education History

	<u>Name and Location of School</u>	<u>Years Attended</u>	<u>Did you Graduate?</u>	<u>Subjects Studied</u>
Grammar School	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

General Information (Subjects of special study/research work or special training/skills)

Former Employers (List below last four employers, starting with last one first)

<u>Date</u> <u>Month and Year</u>	<u>Name & Address</u> <u>of Employer</u>	<u>Salary</u>	<u>Position</u>	<u>Reason for</u> <u>Leaving</u>
From _____ To _____	_____	_____	_____	_____
From _____ To _____	_____	_____	_____	_____
From _____ To _____	_____	_____	_____	_____
From _____ To _____	_____	_____	_____	_____

References

Give below the names of three persons not related to you, whom you have known at least one year.

<u>Name</u>	<u>Address</u>	<u>Business</u>	<u>Years Known</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authorization

“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 dismissal.

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.”

Date _____ Signature _____