

# EMPLOYMENT/ JOB APPLICATION



# **EMPLOYMENT / JOB APPLICATION**

# PERSONAL INFORMATION

| Full Name:                               |               |         |               |
|--|---------------|---------|---------------|
| Address:                                 |               |         |               |
| City:                                    | State:        |         | Zip Code:     |
| E-Mail:                                  |               |         |               |
| Phone:                                   |               | Date    | of Birth:     |
| Soacial Security Number (SSN) or TAX ID: |               |         |               |
| Date Available:                          |               |         |               |
| Desired pay: \$                          |               | Hour    | Salary        |
| Position Applied fo                      | or:           |         |               |
| Employment desir                         | ed: Full-Time | e Part- | Time Seasonal |



## **EMPLOYMENT ELIGIBILITY**

| Are you a U.S. Citizen? Yes No*              |            |
|--|------------|
| *If no, are you allowed to work in the U.S.? | □Yes □No   |
| *Legal Status:                               |            |
| Have you ever worked for this employer?      | Yes* No    |
| *If yes, write the start and end dates:      |            |
|  |            |
| Have you ever been convicted of a felony?    | □Yes* □ No |
| *If yes, please explain:                     |            |
|  |            |



## **EDUCATION**

| High School:  |       |  |
|---------------|-------|--|
|               |       |  |
| From:         | _ To: |  |
| Graduate? Yes | No    |  |
| Diploma:      |       |  |
|               |       |  |
| College:      |       |  |
| City / State: |       |  |
| From:         | To:   |  |
| Graduate? Yes | No    |  |
| Degree:       |       |  |
|               |       |  |
| Other:        |       |  |
| City / State: |       |  |
| From:         | To:   |  |



## **EMPLOYMENT HISTORY**

| Employer #1:        |                   |
|---------------------|-------------------|
|                     |                   |
| Phone:              |                   |
| Address:            |                   |
| City:               | . <del></del>     |
| State:              | Zip Code:         |
| Starting Pay: \$    |                   |
| Ending Pay: \$      | Hour Salary       |
| Job tittle:         | Responsabilities: |
| Starting Date:      | Ending Date:      |
| Reason for leaving: |                   |



| Employer #2:        |                   |
|---------------------|-------------------|
|                     |                   |
| Phone:              |                   |
| Address:            |                   |
| City:               |                   |
| State:              | Zip Code:         |
| Starting Pay: \$    | Hour Salary       |
| Ending Pay: \$      |                   |
| Job tittle:         | Responsabilities: |
| Starting Date:      | Ending Date:      |
| Reason for leaving: |                   |



## **REFERENCES**

| Reference #1: |  |
|---------------|--|
| Relationship: |  |
| Company:      |  |
| Tittle:       |  |
| E-mail:       |  |
| Phone:        |  |
| Reference #2: |  |
| Relationship: |  |
| Company:      |  |
| Tittle:       |  |
| E-mail:       |  |
| Phone:        |  |



## **MILITARY SERVICE**

| Are you a veteran?:      | Yes          | No |      |
|--------------------------|--------------|----|------|
| Branch:                  |              |    | <br> |
| Rank at discharge:       |              |    |      |
| Starting date:           |              |    | <br> |
| Ending date:             |              |    | <br> |
| Type of discharge:       |              |    | <br> |
| If not honorable, please | e explain: _ |    |      |
|                          |              |    |      |



## **BACKGROUND CHECK CONSENT**

| If asked, are you wi | lling to consent to a background check? |
|----------------------|---|
| Yes I                | No                                      |
|                      |   |
| DRUG TEST            | CONSENT                                 |
| If asked, are you wi | lling to consent to a drug test?        |
| Yes I                | No                                      |
|                      |   |



### **DISCLAIMER**

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

| Signature:  | <br> | <br> |  |
|-------------|------|------|--|
| Print Name: | <br> | <br> |  |
| Date:       |      |      |  |