



# Application for Employment

## APPLICANT INFORMATION

Last Name			First Name			M.I.		Date	
Street Address					Apartment/Unit #			P.O. Box	
City				State		Zip			
Phone	( )	Secondary Phone	( )	Email Address					
Date Available			Social Security Number			Desired Salary	\$		
Position Applied for									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?						
Referred by:									

## EDUCATION

High School		Address		From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College		Address		From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other		Address		From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## WORK HISTORY – Please list your last four employers, starting with the last one first

From	To	Company Name/Address						
Salary	\$	Reason for leaving						
Responsibilities								
From	To	Company Name/Address						
Salary	\$	Reason for leaving						
Responsibilities								
From	To	Company Name/Address						
Salary	\$	Reason for leaving						
Responsibilities								
From	To	Company Name/Address						
Salary	\$	Reason for leaving						
Responsibilities								

**REFERENCES-Please list three persons not related to you, whom you have known at least one year**

Full Name		Address	
Full Name		Address	
Full Name		Address	

**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.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment.

In compliance with federal law, all person hired will be required to verify identity and eligibility to work in the Unites States and to complete the required employment eligibility verification document form upon hire.

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Applicant Signature	Date

**-----DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY-----**

Interviewed by	Date	
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Neatness:	Character:
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Personality:	Ability:
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Hired:	For Department:	Position:	Date to Report:	Starting Wage:
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President Signature/Date	Plant Manager Signature/Date	Supervisor Signature/Date
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