



EMPLOYMENT APPLICATION

Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____ How long? _____

Social Security No.: _____ Home Phone _____ Cell Phone _____

Education:

High School: _____

College and Years: _____

Is any additional information relative to a different name necessary to check work records? If yes, explain

Do you have any impairments, physical, mental, or medical which would interfere with your ability to do the job for which you have applied?

Have you had any major illnesses, surgery or hospitalizations in the last three years? If yes, what was the nature of the illness and time lost from work? _____

What kind of people do you enjoy working with? _____

What are your greatest strengths and weaknesses as an employee? _____

What motivates you? _____

How soon can you start work? _____

Are you a citizen of the United States? If you are not a United States citizen, have you the legal right to remain permanently in the United States? Do you intend to remain permanently in the United States? _____

Name and address of person to be notified in case of accident or emergency: _____

Are there any days during the week that you are not available for work? _____ What days? _____

Transportation to work? _____ Personal car? _____ Public? _____ Other? _____

Salary Expected? _____

If necessary to leave my employment will you give at least one month notice? _____

Can your vacations be arranged almost any time? Yes No

Please list previous work experiences on the next page.

Employment for the last five years: List most recent employment first. Give month and year of employment. Account for any time not employed.

1. From: _____ To: _____ Employer : _____ Phone: _____
Business Address: _____
Duties: _____
Immediate Supervisor: _____
Reason for leaving: _____

2. From: _____ To: _____ Employer: _____ Phone: _____
Business Address: _____
Duties: _____
Immediate Supervisor: _____
Reason for leaving: _____

3. From: _____ To: _____ Employer : _____ Phone: _____
Business Address: _____
Duties: _____
Immediate Supervisor: _____
Reason for leaving: _____

List any other references on reverse side.

References other than past employers: (No relatives)

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I understand that if I am employed and if any statement herein is not true or if my references are not entirely satisfactory to this employer, I may be released immediately. I may also be released after a 3 month trial period if this employer is not satisfied with my performance. If I am released for either of these reasons, I will be paid only through the day of release and the employer may cancel any rights to employee benefits that may have accrued to me based on my employment.

Signature of Applicant _____ Date: _____