



## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION

NAME		SOCIAL SECURITY NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
PREVIOUS ADDRESS (IF LESS THAN 2 YEARS)	CITY	STATE	ZIP CODE
TELEPHONE NUMBER:	EMAIL ADDRESS:		
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE US? <input type="checkbox"/> YES		<input type="checkbox"/> NO	

### POSITION

POSITION YOU ARE APPLYING FOR:	AVAILABLE START DATE:	DESIRED PAY:
EMPLOYMENT DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL/TEMPOARY		

### EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDECE SCHOOL				

### FORMER EMPLOYERS

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	RESON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			

REFERENCES (NAMES OF THREE PERSON NOT RELATED TO YOU WHOM YOU HAVE KNOW FOR AT LEAST ONE YEAR)

NAME	ADDRESS	YEARS KNOWN

**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 that 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 \_\_\_\_\_