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Application For Employment

Name: _____ Phone #:() _____ Alt. Phone #:() _____

Address: _____ City: _____

State: _____ ZipCode: _____ Are You Legally Authorized to Work in the US? _____

Position: _____ Date Available: _____ Desired Salary: _____/hour

Education History

High School Name & Location: _____

Years Attended: _____ Did You Graduate: _____

College Name & Location: _____

Years Attended: _____ Did You Graduate: _____ Area of Study: _____

Trade/Business School Name & Location: _____

Years Attended: _____ Did You Graduate: _____ Area of Study: _____

General Information

Special Training: _____

Special Skills: _____

Current Certifications/Licenses: _____ Expiration Dates: _____

Former Employment

(Please List Last 4 Employers with Most Recent First)

Date Month & Year	Employer Name & Address	Supervisor Name & Phone Number	Salary	Position	Reason For Leaving	May We Contact This Employer?
From:						
To:						
From:						
To:						
From:						
To:						
From:						
To:						

References

(Please Provide the Following Information for 3 Persons Not Related to You, Whom You Have Known at Least One Year)

Name	Address	Phone Number	Business/Relationship	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 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: _____