

# APPLICATION FOR EMPLOYMENT



## Personal

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Position Desired? \_\_\_\_\_ Are you legally eligible for employment in the US?  Yes  No  
When will you be available to begin work? \_\_\_\_\_ Will you work overtime if asked?  Yes  No  
Do you hold a valid driver's license?  Yes  No Have you ever been convicted of a felony?  Yes  No  
If selected for employment are you willing to submit to a pre-employment drug screening test?  Yes  No

## Education

	School Name	Location	Years Completed	Degree Received	Major
Coll.					
High					
Elem.					

## Qualifications (May include but are not limited to)

Qualification Title	Institution/Training provider	Year Completed

Are you currently undertaking study/training  Yes  No

Course/program name \_\_\_\_\_

Full-time  Part-time  Distance  Other

## Other Information

Please provide any other information that you identify as being pertinent to this application. (e.g. medical conditions, disabilities, etc) \_\_\_\_\_  
\_\_\_\_\_

## Previous & Current Employment

<b>1</b>	Employer: _____ Dates Employed: ___ / ___ / ___ to ___ / ___ / ___ Work Phone: _____ Address: _____ Supervisors Name and Title: _____ Job Title and Duties Performed: _____ Reason for Leaving? _____
<b>2</b>	Employer: _____ Dates Employed: ___ / ___ / ___ to ___ / ___ / ___ Work Phone: _____ Address: _____ Supervisors Name and Title: _____ Job Title and Duties Performed: _____ Reason for Leaving? _____
<b>3</b>	Employer: _____ Dates Employed: ___ / ___ / ___ to ___ / ___ / ___ Work Phone: _____ Address: _____ Supervisors Name and Title: _____ Job Title and Duties Performed: _____ Reason for Leaving? _____

May we contact the employers listed above?  Yes  No

## References

Name	Title	Company	Phone

## Acknowledgement & Authorization

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_