



EMPLOYMENT APPLICATION

PERSONAL INFORMATION:

Name: _____ Date: _____

Current Address: _____

Email Address: _____

Phone: _____ Are you 18 years old or older? _____

Have you been convicted of, or have you pled guilty or no contest to, a felony offense? _____

If yes, please explain: _____

In case of emergency please notify: _____

Phone: _____ Relationship: _____

EMPLOYMENT DATA:

Position(s) Applied For: _____

Date you can start: _____ Salary Desired: _____ Hours Available: _____

Are you employed now? _____ May we inquire of your present employer? _____

Referred to us by: _____ Do you have dependable transportation? _____

Have you applied to this company before? _____ If so, when: _____ position: _____

Briefly state your career objectives: _____

If applying for a driver position, are you able to operate a Standard Transmission? Yes No

EDUCATION:

NAME AND LOCATION OF SCHOOL	CIRCLE YEAR COMPLETED	MAJOR COURSES STUDIED
ELEMENTARY	1 2 3 4	
	5 6 7 8	
HIGH SCHOOL	9 10 11 12	
COLLEGE	1 2 3 4	

Specify other skills and abilities: _____

EMPLOYMENT RECORD:

*Beginning with most recent, list all present and past employment.
Include periods of unemployment.*

Company Name	Dates of Employment				Beginning Salary	Ending Salary
Company Address	From Mo.	Yr.	To Mo.	Yr.	Supervisor's Name and Phone No.	
City	State	Zip			Reason(s) for leaving	
Your position and specific duties:						

Company Name	Dates of Employment				Beginning Salary	Ending Salary
Company Address	From Mo.	Yr.	To Mo.	Yr.	Supervisor's Name and Phone No.	
City	State	Zip			Reason(s) for leaving	
Your position and specific duties:						

Company Name	Dates of Employment				Beginning Salary	Ending Salary
Company Address	From Mo.	Yr.	To Mo.	Yr.	Supervisor's Name and Phone No.	
City	State	Zip			Reason(s) for leaving	
Your position and specific duties:						

REFERENCES:

*List below persons not related to you, who you have known at
least one year and who would be knowledgeable of your abilities.*

Name	Address	Phone	Occupation	Years Known
Name	Address	Phone	Occupation	Years Known
Name	Address	Phone	Occupation	Years Known

PLEASE READ:

I affirm that the information provided by me on this application is true and complete. I understand and agree that the provision of false information or the omission of significant information is sufficient reason for the rejection of my application or termination of my employment.

I further understand and agree that the Company may verify the information that I have given by contacting any of the references I have provided. I hereby agree to hold the Company harmless for any action it may take with respect to this application based upon the information provided to it by these references.

If employed, in consideration of said employment, I agree to conform to the rules and regulations of the company and further agree that my employment may be terminated, with or without cause, at any time, either by me or the Company; and that I will be subject to a probationary period of 90 days upon the commencement of my employment. I understand that no employee or representative of the Company, other than the President, Vice President, or Area Manager 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.

SIGN HERE:

Date: _____

Interviewed By: _____ Date: _____

Comments: _____

References Checked By: _____ Date: _____

Final Disposition: _____