

DRUG FREE WORKPLACE

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

TODAY'S DATE: _____

REFERRED BY: _____

APPLYING FOR: _____

NAME (PLEASE PRINT)			<input type="checkbox"/> PART-TIME	<input type="checkbox"/> DAYS	SOCIAL SECURITY NO - -
LAST	FIRST	MIDDLE	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> EVES	
PRESENT ADDRESS			<input type="checkbox"/> WEEK DAYS	HOME TELEPHONE NUMBER	
NO. STREET	CITY	STATE ZIP	<input type="checkbox"/> WEEK END ONLY	() -	
HOW DID YOU LEARN ABOUT THIS COMPANY? OPEN POSITIONS?				IN EMERGENCY NOTIFY	
				NAME	
				TELEPHONE () -	

DATES		EMPLOYMENT FOR THE PAST FIVE YEARS					
MO/YR	MO/YR	Please list in order with the most recent employer first					
FROM	TO	NAME/ADDRESS OF COMPANY	PHONE NUMBER	SUPERVISOR	TYPE OF WORK	PAY RATE	REASON FOR LEAVING

EDUCATIONAL BACKGROUND			
NAME OF SCHOOL	LOCATION	DEGREE/CERTIFICATE	HIGHEST COMPLETED
HIGH SCHOOL			
COLLEGE			
OTHER			
OTHER			

MILITARY SERVICE RECORD			
BRANCH	DATE ENTERED	DATE DISCHARGED	TYPE OF DISCHARGE

PERSONAL AND CHARACTER REFERENCES (other than relatives)		
NAME	ADDRESS	TELEPHONE NUMBER
1)		
2)		
3)		

Briefly explain why you desire to be employed by this Company and why you are qualified for the position for which you are applying.

Please write in the time you are available for work. Use "am" and "pm" for the hours you indicate. Write in "NONE" or "ANY" to show your availability for whole days.

MONDAY From _____ am /pm to _____ am /pm
TUESDAY From _____ am /pm to _____ am /pm
WEDNESDAY From _____ am /pm to _____ am /pm
THURSDAY From _____ am /pm to _____ am /pm
FRIDAY From _____ am /pm to _____ am /pm
SATURDAY From _____ am /pm to _____ am /pm
SUNDAY From _____ am /pm to _____ am /pm

I declare the foregoing to be, to the best of my knowledge and belief, and accurate statement of facts. If I am accepted for employment, I agree to abide by all the company rules and regulations governing the conduct of employees. I understand my continued employment is conditional based on satisfactory replies from my references and background investigations if conducted by the Company now or at a future time. I agree that any falsifications would result in my immediate dismissal for willful misconduct resulting from misleading the employer during the application process.

DATE _____ SIGNATURE _____

TO BE COMPLETED BY HUMAN RESOURCE MANAGER

DEPARTMENT _____ POSITION _____ REPLACING _____

REPORT ON _____ AT _____ CLOCK NO. _____ WAGE _____

SIGNATURE OF INTERVIEWING MANAGER