

Application for Employment

Equal Opportunity Employer

Full Name _____

Date of Application _____

Full Address _____

Home Phone _____

Cell Phone _____

Referred By _____

Position Applying For _____

Date Applicant Can Start _____

Desired Wage _____

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Educational Background (Highest Earned)

*Name of School _____ Graduation Date _____

Location of School _____ Subject Studied _____

*Name of School _____ Graduation Date _____

Location of School _____ Subject Studied _____

Additional Training and Skills

Work History (Most Recent First)

*Company and Address _____

From _____ To _____ Phone Number _____

Title/ Description _____ Wage _____

Reason for Leaving _____

*Company and Address _____

From _____ To _____ Phone Number _____

Title/ Description _____ Wage _____

Reason for Leaving _____

*Company and Address _____

From _____ To _____ Phone Number _____

Title/ Description _____ Wage _____

Reason for Leaving _____

References (Name and contact information for two people not related to you)

*Name _____ Phone _____

Relationship _____ Years Known _____

*Name _____ Phone _____

Relationship _____ Years Known _____

Acknowledgement and 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, false statement on this application shall be grounds for termination.

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 the 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. If hired, my employment with this company is Employment-At-Will.

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.”

Signature _____ Date _____

Applicants: Do Not Write Below This Line

Interviewed By (Print Name and Title) _____ Date _____

Please rate: Neat? YES or NO Details _____ Courteous? YES or NO Details _____

Experience and Qualifications Confirmed YES or NO Details _____

Remarks

Recommend for Hiring? YES or NO Hire Date _____ Position/ Dept. _____

Starting Wage \$ _____ Approved By _____ Date _____