

<h1 style="margin: 0;">Employment Application</h1> <p style="margin: 0; font-size: small;">We are an equal opportunity employer.</p>
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Position applied for: _____
 Date: _____
 DOB: _____

APPLICANT DATA:		
Name:		
Last:	First:	Middle:
Address:		Phone:
Date Available to start:		Social Security Number:
Type of employment desired:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
Salary requirement:	How were you referred to us?	
Have you been ever convicted of a felony:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain	
<hr/> <hr/>		
Have you ever been employed here before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the country?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18, do you have a work permit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION:		
High school:	Address:	
# of yrs. Completed:	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University:	Address:	
# of yrs. Completed:	Did you graduate:	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES:		
Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:		
Name:	Phone:	
Address:	City:	State/Zip:
Name:	Phone:	
Address:	City:	State/Zip:

Summarize your special skills or qualifications:
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PREVIOUS EMPLOYMENT (Begin with the most recent position):		
Dates of employment: From: __/__/__ To: __/__/__ Position(s) Held:		
Firm:	Address:	
Phone:	Supervisor:	Title:
Responsibilities:		
Starting salary and title:		Ending salary and title:
Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dates of employment: From: __/__/__ To: __/__/__ Position(s) Held:		
Firm:	Address:	
Phone:	Supervisor:	Title:
Responsibilities:		
Starting salary and title:		Ending salary and title:
Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dates of employment: From: __/__/__ To: __/__/__ Position(s) Held:		
Firm:	Address:	
Phone:	Supervisor:	Title:
Responsibilities:		
Starting salary and title:		Ending salary and title:
Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____