

## APPLICATION FOR EMPLOYMENT

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

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Last Name	First Name	Middle Initial
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Street Address	City	State	Zip Code
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Home Phone Number	Social Security Number
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Is your driver's license valid?      YES    NO

State driver's license issued in \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Have you had any traffic violations in the last two years? If so, please list.

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Are you a U.S. citizen?      YES    NO

If not, what is your Alien or Admission number? \_\_\_\_\_

Pay Expected \$\_\_\_\_\_ Will you work overtime if asked?    YES    NO

When will you be available to begin work? \_\_\_\_\_

### **EMPLOYMENT DATA**

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Type of work preferred:	Permanent	<input type="checkbox"/>
	Part-time	<input type="checkbox"/>

1. \_\_\_\_\_ 2. \_\_\_\_\_

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**WORK HISTORY (List most recent first)**

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Company Name

Telephone Number

Address

Name of Supervisor

Employed From \_\_\_\_\_ To \_\_\_\_\_ Weekly pay Starting \_\_\_\_\_ Ending \_\_\_\_\_

Job Title and Duties Performed

Reason For Leaving

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Company Name

Telephone Number

Address

Name of Supervisor

Employed From \_\_\_\_\_ To \_\_\_\_\_ Weekly pay Starting \_\_\_\_\_ Ending \_\_\_\_\_

Job Title and Duties Performed

Reason For Leaving

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Company Name

Telephone Number

Address

Name of Supervisor

Employed From \_\_\_\_\_ To \_\_\_\_\_ Weekly pay Starting \_\_\_\_\_ Ending \_\_\_\_\_

Job Title and Duties Performed

Reason For Leaving

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May we contact the employers listed on the previous page? YES NO  
If not, which ones do you not want us to contact? \_\_\_\_\_  
Reason: \_\_\_\_\_

Other experience that would be beneficial to the type of work you are applying for:  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Name and location of school: (High school, college, vocational, etc.)  
\_\_\_\_\_ Did you graduate? \_\_\_\_\_  
\_\_\_\_\_ Did you graduate? \_\_\_\_\_  
\_\_\_\_\_ Did you graduate? \_\_\_\_\_

**CERTIFICATION AND RELEASE**

I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I will provide a motor vehicle report if requested.

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

Person to be notified in case of an emergency: \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address (City & State) Telephone Number

Interviewer name and comments:

**DO NOT WRITE IN THIS SPACE**

Hire date: \_\_\_\_\_ Job Title \_\_\_\_\_  
Rate of Pay: \$ \_\_\_\_\_ Forms Completed: Medical History   
W-4   
I-9   
MRV