

Employment Application

Notice to Applicants:

This Employer complies with the American Disabilities Act of 1990. We will not use the information on this application to discriminate against any individuals with respect to their compensation, terms, conditions, or privileges of employment because of race, color, religion, sex, age, national origin, marital status, sexual orientation or disabilities.

General Information

Position Desired: _____ **Social Sec. #** _____

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Address: _____ **City:** _____ **State:** ____ **Zip** _____

Home phone: _____ **Cell phone:** _____ **Are you 18 years of age or older:** Yes ___ No ___

Have you since the age of 18 ever been convicted of a misdemeanor or felony?
(Note: A conviction will not necessarily bar you from employment)

Yes ___ No ___

Employment History

List the last three positions you have held, beginning with the most recent. All information must be completed, even if you are submitting a resume.

Date: Month/Year	Name and Address of Employer	Position	Supervisor and Title	Phone #	Rate of pay
From:					
To:					

Reason for Leaving: _____

May we contact? Yes ___ No ___ If No, please explain _____

Date: Month/Year	Name and Address of Employer	Position	Supervisor and Title	Phone #	Rate of pay
From:					
To:					

Reason for Leaving: _____

May we contact? Yes ___ No ___ If No, please explain _____

Date: Month/Year	Name and Address of Employer	Position	Supervisor and Title	Phone #	Rate of pay
From:					
To:					

Reason for Leaving: _____

May we contact? Yes ___ No ___ If No, please explain _____

Education			
	Name & Location	Course of Study	Degree Earned
High School			
College			
Technical School			
Other			

Professional References		
List the names and phone numbers of three business/work references		
Name	Relationship	Phone #
1.		
2.		
3.		

Certification and Agreement

I certify that the answers given herein are true and complete. I authorize investigation of statements contained herein as may be necessary. I understand that false statements, omissions, or misleading statements on this application shall be considered cause for dismissal. If my employment is terminated because of such omission or misleading statements, I agree that my employer shall not be held liable in any respect.

Signature: _____ Date: _____

Authorization for Release of Information

In connection with my application for employment, including contract for services, with _____(the company), I authorize the company and their representative agents to solicit information about my background including about my employment, education, driving record and criminal record.

I release the Company, their representative employees, agents, and all persons, agencies, and entities providing information or reports about me from any and all liabilities arising out of the release of any such informational reports.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Interview by: _____ Date: _____

References checked by: _____ Date: _____

Recommended for Hire: Yes _____ No _____ Department: _____