



Employment Application

APPLICANT INFORMATION

| | | | |
|---|--|--|--|
| Last Name | | First | M.I. |
| Street Address | | | Apartment/Unit# |
| City | | State | ZIP |
| Phone | | E-mail Address | |
| Date Available | | Social Security No. | |
| Are you a citizen of the United States? | | YES <input type="checkbox"/> NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? |
| Have you ever been convicted of a felony? | | YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, explain. |

EDUCATION

| | | | |
|-------------|----|--|--------|
| High School | | City | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College | | City | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

GENERAL INFORMATION

| |
|-----------------------|
| Special Training |
| Special Skills |
| U.S. Military Service |

FORMER EMPLOYER

| | |
|------------------------------|------------------|
| From (Beginning Date) | To (Ending Date) |
| Name and Address of Employer | |
| Salary | Position |
| Reason for Leaving | |

REFERENCES

| Name | Phone | Business |
|------|-------|----------|
| Name | Phone | Business |

Have you ever been convicted of, plead guilty/no contest to a crime? YES NO

If yes, explain.

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, falsified statements on this application shall be grounds for dismissal. 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 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. 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 _____