

# APPLICATION FOR EMPLOYMENT

Please print all information except signature

DATE OF APPLICATION: \_\_\_\_\_

Name:

Last

First

Middle

Address:

Street

(Apt)

City, State

Zip

Contact Information:

( )

( )

Home Telephone

Mobile

If under 18, Please list age:

Email:

Position:

Available Start Date:

Desired Pay Range:

Currently employed: Yes or No

Do you have a Driver's License? Yes or No

License number:

CDL: Yes or No

Class: A or B

Military Service:

Current National Guard: Yes or No

Have you ever been convicted of a crime: Yes or No

If Yes, brief explanation:

## EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			

Please list your special skills or training:

Please list two references other than relatives or previous employers.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Phone Number	Supervisor

Tasks performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Can we contact this employer: Yes or No \_\_\_\_\_

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Dates Employed	Company Name	Phone Number	Supervisor

Tasks performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Can we contact this employer: Yes or No \_\_\_\_\_

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Dates Employed	Company Name	Phone Number	Supervisor

Tasks performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Can we contact this employer: Yes or No \_\_\_\_\_

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### **PLEASE READ CAREFULLY**

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give the company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the company is terminable at will for any reason by either party.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_