

# EMPLOYMENT APPLICATION

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Position desired: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Type of employment:  Full-time  Part-time (# hours per week \_\_\_\_\_)

Hours/days available:  Morning  Afternoon  Weekdays  Saturdays

Are you 18 years of age or over?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

## EDUCATION

(Include high school and/or institution issuing GED and any additional education/courses taken. Do not list dates of attendance for high school. List most recent education first.)

**Name of School:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**Degree/Diploma Received:** \_\_\_\_\_ **Major/Minor:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**Degree/Diploma Received:** \_\_\_\_\_ **Major/Minor:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**Degree/Diploma Received:** \_\_\_\_\_ **Major/Minor:** \_\_\_\_\_

**MILITARY TRAINING** (List dates and training received): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT, VOLUNTEER AND MILITARY EXPERIENCE

Please list all work, volunteer and military experiences (including self-employment, if any) starting with most recent or current experience.

**1. MOST RECENT OR CURRENT EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Job Title and Describe Your Work: \_\_\_\_\_

\_\_\_\_\_

**2. EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Job Title and Describe Your Work: \_\_\_\_\_

\_\_\_\_\_

**3. EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Job Title and Describe Your Work: \_\_\_\_\_

\_\_\_\_\_

**4. EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Job Title and Describe Your Work: \_\_\_\_\_

\_\_\_\_\_

**EXPLAIN GAPS IN WORK HISTORY** (please provide dates for each gap)

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**ADDITIONAL INFORMATION**

Please list any other skills, abilities, worker traits, computer knowledge, licenses/certifications or anything else not listed above that would be a reason for us to hire you.

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List/describe any other training and/or experience relevant to the position for which you are applying.

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**REFERENCES**

List two persons (not related to you) who can be contacted regarding your qualifications, work habits and character.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date