

# APPLICATION FOR EMPLOYMENT

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions. Information from this form may be used to conduct a background investigation.

**Please ensure you complete all the items listed**

**DATE:** \_\_\_\_\_

## I. PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
Last First MI

OTHER NAMES USED: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NUMBER:(\_\_\_\_\_) \_\_\_\_\_ ALTERNATE NUMBER:(\_\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (Enclose Copy of Birth Certificate)

PLACE: \_\_\_\_\_

EMERGENCY CONTACT (FULL NAME): \_\_\_\_\_  
Last First MI Phone Number

SPOUSE (FULL NAME): \_\_\_\_\_  
Last First MI

WORK INFORMATION (SPOUSE):

COMPANY NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOU ARE A FOREIGN NATIONAL, WHAT IS YOUR VISA STATUS? \_\_\_\_\_

As a condition of employment, you are required to submit proof of employment eligibility and identity in compliance with the Immigration Reform and Control Act of 1986.

POSITION APPLIED FOR: \_\_\_\_\_

**II. WORK AVAILABILITY**

- 1. If your application receives favorable consideration, when will you be available to begin work?  
DATE: \_\_\_\_\_
- 2. Do you have any objections to working overtime? ( ) Yes ( ) No
- 3. Can you work overtime without prior notice? ( ) Yes ( ) No
- 4. Can you work on Saturday? ( ) Yes ( ) No
- 5. Can you work on Sunday? ( ) Yes ( ) No
- 6. Can you travel if required by this position? ( ) Yes ( ) No

**III. EDUCATIONAL HISTORY**

NAME & ADDRESS	FULL/PART TIME	DATES ATTENDED	DIPLOMA/DEGREE/ CERTIFICATE RECEIVED
HIGH SCHOOL:			
COLLEGE:			
TRADE SCHOOL:			
OTHER:			

ENCLOSE COPIES OF ALL DIPLOMAS AND/OR CERTIFICATES RECEIVED

IF RECEIVED GED, PLEASE COMPLETE THE FOLLOWING:

DATE RECEIVED: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**IV. EMPLOYMENT RECORD** (Please include employment for the last three years)

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EMPLOYMENT

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DATE HIRE: \_\_\_\_\_ DATE TERMINATED: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ WAGE/SALARY: \_\_\_\_\_

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EMPLOYMENT

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DATE HIRE: \_\_\_\_\_ DATE TERMINATED: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

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EMPLOYMENT

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DATE HIRE: \_\_\_\_\_ DATE TERMINATED: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ WAGE/SALARY: \_\_\_\_\_

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REFERENCES

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1. NAME: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER:(\_\_\_\_) \_\_\_\_\_

2. NAME: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER:(\_\_\_\_) \_\_\_\_\_

3. NAME: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER:(\_\_\_\_) \_\_\_\_\_

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**V. DRIVING HISTORY**

DO YOU HAVE A VALID DRIVERS LICENSE: ( ) YES ( ) NO  
IF NO, EXPLAIN: \_\_\_\_\_

DO YOU HAVE YOUR OWN VEHICLE: ( ) YES ( ) NO  
IF YES, MAKE : \_\_\_\_\_

MODEL: \_\_\_\_\_

YEAR: \_\_\_\_\_

LIST ALL PREVIOUS DRIVER'S LICENSES HELD WITHIN THE PAST 5 YEARS:

STATE	DRIVERS LICENSE NUMBER/EXPIRATION DATE	OTHER NAME (IF ANY)

**VI. CRIMINAL HISTORY**

HAVE YOU EVER BEEN CONVICTED OF A CRIME: ( ) YES ( ) NO

IF YES, EXPLAIN NUMBER OF CONVICTION(S), NATURE OF OFFENSE(S), LEADING TO CONVICTION(S), HOW RECENTLY SUCH OFFENSE(S) WAS/WERE COMMITTED, SENTENCE(S) IMPOSED, AND TYPE(S) OF REHABILITAION.

DATE	NATURE OF OFFENSE	LOCATION	DISPOSITION	TYPE OF REHAB (IF ANY)