

SAMPLE APPLICATION FOR EMPLOYMENT

(COMPANY NAME AND ADDRESS)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application _____

Position(s) applied for _____ Temporary _____ Full time _____ Part time _____

Name _____ Social Security No. _____

Last First Middle

DRIVERS LICENSE # _____

Current Address _____ Street _____ City _____

Phone _____ How Long? _____

State _____ Zip Code _____

Previous Addresses _____ How Long? _____

Street _____ City _____ State & Zip Code _____

How Long? _____

Street _____ City _____ State & Zip Code _____

How Long? _____

Street _____ City _____ State & Zip Code _____

Contact Name: _____ Home Phone: _____

Information Address: _____ Work Phone: _____

City: _____ State: _____ Zip _____

How is this person related to you? _____

Do you have the legal right to work in the United States? _____

Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If yes, explain if you wish. _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____ (NAME) _____ (CITY)

EMPLOYMENT HISTORY

(NOTE: List employers in reverse order starting with the most recent.)

EMPLOYER			DATE	
NAME	FROM MO. YR.	TO MO. YR.		
ADDRESS	POSITION HELD			
CITY STATE ZIP	SALARY/WAGE			
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING		
EMPLOYER			DATE	
NAME	FROM MO. YR.	TO MO. YR.		
ADDRESS	POSITION HELD			
CITY STATE ZIP	SALARY/WAGE			
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING		

EXPERIENCES AND QUALIFICATIONS – OTHER

SHOW ANY EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all safety rules and regulations of the Company.

_____ Date

_____ Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ DATE EMPLOYED _____

CLASSIFICATION _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____

DISMISSED _____ VOLUNTARY QUIT _____ OTHER _____