



EMPLOYMENT APPLICATION

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary or Wage
Position Applied for			

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.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three references.</i>	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT					
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company			Phone		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company			Phone		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

MILITARY SERVICE		If Not Applicable, Check Here <input type="checkbox"/>			
Branch			From	To	
Rank at Discharge			Type of Discharge		
If other than honorable, explain					

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.	
Signature	Date