

# APPLICATION FOR EMPLOYMENT

(Please Print Plainly)

## PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle Initial

Present address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address (if different from Present Address) \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_

Would you work Full-Time ☐ Yes ☐ No Part-Time ☐ Yes ☐ No Specify days and hours if part time \_\_\_\_\_

List Volunteer or Community Service Positions (work) which you feel are related to the position for which you are applying: \_\_\_\_\_

Briefly state any special skills or qualifications you have which you feel are related to the position for which you are applying.

Were you previously employed by us? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

List any friends or relatives working for us \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Have you ever been convicted of a crime? ☐ Yes ☐ No (Note: Conviction of a criminal offense will not necessarily preclude your employment.)

If yes, describe in full: \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 20 \_\_\_\_\_

Person to be notified in case of accident or emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



### RECORD OF EDUCATION

School	Name and Address of School	Course of Study or Major Field	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree			
High School			9	10	11	12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? ☐ Yes ☐ No      If yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
Month Day Year      Month Day Year

List duties in the service including special training \_\_\_\_\_

---



---



---



---



---



---

### PERSONAL REFERENCES (Do Not Include Relatives or Former Employers)

Name and Occupation	Address	Phone Number

**EMPLOYMENT RECORD**  
**(List All Present and Past Positions, Beginning with Most Recent)**

	Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Ending Salary	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
1.									
2.									
3.									
4.									
5.									
6.									

Have you ever been bonded? ☐ Yes ☐ No If yes, on what jobs? \_\_\_\_\_

May we contact the employers listed above? ☐ Yes ☐ No If not, indicate by number which one(s) you do not wish us to contact \_\_\_\_\_

This institution does not discriminate in hiring or in any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physician examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICANT – Do NOT Write on This Page****FOR INTERVIEWER'S USE**

INTERVIEWER	DATE	COMMENTS

**FOR TEST ADMINISTRATOR'S USE**

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

**REFERENCE CHECK**

Position No. on Page 3	RESULTS OF REFERENCE CHECK	Position No. on Page 3	RESULTS OF REFERENCE CHECK
1		4	
2		5	
3		6	

**DISPOSITION**

UNDER CONSIDERATION		EMPLOYED: <input type="checkbox"/> PERMANENT <input type="checkbox"/> PART-TIME		
Possible Work Location(s)	Possible Position(s)	Location & Position	Wage Rate	Date