Application for Employment

Position Applying For: _____

Date You Can Start Work: _____ Salary or Hourly Wage Desired: _____

Your Name: _____ Social Security #: _____

Current Address: _____

_____

Your Telephone #: _____ Driver's License #: _____ State: _____

Employment History:

Present or most recent Employer: _____

Address: _____ Phone #: _____

Supervisor: _____ Date Hired: _____ Date of Termination: _____

Description of Duties: _____ Wage/Salary: _____

Reason for Leaving: _____

Prior Employer: _____

Address: _____ Phone #: _____

Supervisor: _____ Date Hired: _____ Date of Termination: _____

Description of Duties: _____ Wage/Salary: _____

Reason for Leaving: _____

Prior Employer: _____

Address: _____ Phone #: _____

Supervisor: _____ Date Hired: _____ Date of Termination: _____

Description of Duties: _____ Wage/Salary: _____

Reason for Leaving: _____

References:

	Name	Occupation	Phone Number
1.			
2.			
3.			

(Over)

Education:

High School: _____ Address: _____

Did you graduate: ☐ Yes ☐ No Course of Study: _____

College: _____ Address: _____

Did you graduate: ☐ Yes ☐ No Course of Study: _____

Trade School: _____ Address: _____

Did you graduate: ☐ Yes ☐ No Course of Study: _____

Release:

I hereby certify that the answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge. I hereby authorize my former employers, educational institutions and references to provide any and all information they may have regarding me and I hold them harmless for any real or perceived damage that information may cause me. If, upon investigation, anything contained in this application is found to be untrue, I understand that I may be subject to immediate dismissal.

Alcohol and Drug Policy:

I hereby certify that I am aware that this prospective employer maintains an Alcohol and Drug Free Work-Place and that if offered a position with this employer, I will be required to take an Alcohol and Drug Test and, from time to time, on a random basis, may be required to submit to Alcohol and Drug Testing and that it is the policy of this employer to test all employees involved in an on-the-job accident for the presence of alcohol or drugs. By signature of this Employment Application, I affirm my consent to be tested for alcohol and drug use as described above.

Applicant Signature: _____ Date: _____

Company Use Only

Applicant Interviewed By: _____ Date of Interview: _____

Hired: ☐ Yes ☐ No Position: _____ Department: _____

Start Date: _____ Pay Rate: _____ Per ☐ Hour ☐ Week ☐ Month ☐ Other