

# EMPLOYMENT APPLICATION

## Notice to Applicants

This employer complies with the American with Disabilities Act of 1990. We will not use the information on this application to discriminate against any individual with respect to their compensation, terms, conditions, or privileges of employment because of race, color, religion, sex, age, national origin, marital status, sexual orientation, or disabilities.

GENERAL INFORMATION					
Position Desired: _____		Social Security Number _____			
Last Name _____		First Name _____		Middle Name _____	
Address _____					
		City	State	Zip Code	County
Home Phone ( ) _____			Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		

EMPLOYMENT HISTORY						
List the last three positions you have held, beginning with most recent. All information must be completed, even if you are submitting a resume.						
Date	Month/Year	Name and Address of Employer	Position	Supervisor & Title	Phone #	Rate of Pay
From:						Beginning Pay
To						Ending Pay
Reason for Leaving: _____						
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, explain _____						
From						Beginning Pay
To						Ending Pay
Reason for Leaving: _____						
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, explain _____						
From						Beginning Pay
To						Ending Pay
Reason for Leaving: _____						
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, explain _____						

EDUCATION			
	Name & Location	Course of Study	Degree Earned
High School			
College			
Technical School			
Other			

Professional References		
List names and telephone number of three business/work references.		
Name	Relationship	Phone Number
1.		
2.		
3.		

**CERTIFICATION AND AGREEMENT**

I certify that the answers given herein are true and complete. I authorize investigation of statements contained herein as may be necessary. I understand that false statements, omissions, or misleading statements on this application shall be considered cause for dismissal. If my employment is terminated because of such omissions or misleading statements, I agree that my employers shall not be held liable in any respect.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

In connection with my application for employment, including contract for services, with \_\_\_\_\_ (the "Company"), I authorize the Company and their representative agents to solicit information about my background including about my employment, education, driving record, and criminal record.

I release the Company, their representative employees, agents, and all persons, agencies and entities providing information or reports about me from any and all liabilities arising out of the release of any such informational reports.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interview by: \_\_\_\_\_ Date \_\_\_\_\_  
 References Checked by: \_\_\_\_\_ Date \_\_\_\_\_  
 Recommended for hire? Yes  No  Department \_\_\_\_\_