



## Application for Employment

### Personal Information

Name (Last Name First) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Referred By \_\_\_\_\_

### Employment Desired

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are You Employed  Yes  No

May We Contact Your Present Employer  Yes  No

### Education History

High School \_\_\_\_\_ Years Attended \_\_\_\_\_ Did You Graduate  Yes  No

College \_\_\_\_\_ Years Attended \_\_\_\_\_ Did You Graduate  Yes  No

Trade, Business  
Or Correspondence

School \_\_\_\_\_ Years Attended \_\_\_\_\_ Did You Graduate  Yes  No

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

### Former Employers (List Last Three Employers, Starting With Last One First)

Date (Month / Year)	Name & Address	Reason for Leaving
From: To: _____	_____	_____
From: To: _____	_____	_____
From: To: _____	_____	_____

### Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

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