

APPLICATION FOR EMPLOYMENT

such as licenses, professional memberships, hobbies, etc.

	Date:					
APPLICATION FOR EMPLOYMENT	Social Security #					
	Driver's License #					
Name:						
Address:	(Last / First / Middle)					
(St	reet No. / City / State / Zip)					
Telephone: ()	Email Address:					
Are you 18 years of age or older?Yes	No					
Have you ever been convicted of a felony? _	YesNo					
Has your driver's license ever been suspend	ed?YesNo					
Do you currently have a valid driver's license	?YesNo					
If hired, can you provide motor vehicle record	d upon request? YesNo					
If hired, can you provide written evidence tha	at you are authorized to work in the U.S.?YesNo					
Are you currently attending school (high school	ool, college)?YesNo					
EMPLOYMENT Desired						
PositionDate You	Can Start Salary Desired					
Are You Employed Now?If	So, May We Contact Present Employer?					
How Were You Referred To Our Organization	n?					
Do You Have Any Relatives Who Are Employ	yed By This Organization?YesNo					
Please Specify :						
	ut your name, or use of another name, for us to be able to che					
Please Specify :						
Please list any additional information that rela	ates to your ability to perform the job for which you have appli					

EDUCATION

Type Elementary & Jr. High	Name/Location		Course of Stu	-	•	oleted	Diploma
High School				_			
College							
Technical or Other							
<u>EMPLOYMEN</u>	T RECORD						
	ne and phone number		Date: Started/Left	of	-		or Leaving
2	I				l		
3	I				l		
4	I						
Which of these	jobs did you like best? _						
What did you lil	ke most about this job? _						
U.S. MILITARY	SERVICE						
Branch of Servi	ce	Rank	Present	Me	mber	National Gu	uard
Name/ Occupa	tion/ Years Known/ Phon	e Number					
2							
3							
consistent with applic authorized in writing federal law prohibits	ATEMENT employer follows an "employment cable state or federal law; this "employ the chief operating officer of this the employment of unauthorized as proof will result in denial of employment."	ployment at will" policy s organization. I unders liens; all persons hired	cannot be changed vertand that this applica	erba etion i	lly or in v	vriting, unless the	ne change is specifically oyment. I understand that
I understand this app application.	lication will be active for a period	of one year; after that ti	me, if I wish to be co	nside	red for e	mployment, I m	ust submit a new
in interviews. I author	employer will thoroughly investiga rize all individuals, schools, and fir ise them from all liability for dama	ms named therein, exc	ept my current emplo	all da oyer if	ta given f so note	on this applicat d, to provide an	on, or related papers, and y information requested
I certify that all the stemployment.	atements herein are true and unde	erstand that any falsifica	ation or willful omission	on sh	all be su	fficient cause fo	r dismissal or refusal of
Your Signature:						Date:	