



**APPLICATION FOR EMPLOYMENT**

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Position applying for \_\_\_\_\_

How did you learn about the position? \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_ Desired Wage/Salary \$ \_\_\_\_\_

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction?  Yes  No

Have you ever been convicted of a felony?  Yes  No If yes, please describe circumstances \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

SCHOOL NAME	LOCATION	YEARS ATTENDED	DEGREE RECEIVED	MAJOR	GPA

Other training, certifications or licenses \_\_\_\_\_

\_\_\_\_\_

List other information pertinent to the employment you are seeking, i.e., skills you possess, etc. \_\_\_\_\_

\_\_\_\_\_

Describe why you are an ideal candidate for this position:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY (List all previous employers -most recent first)  
(ATTACH A CURRENT RESUME TO THIS APPLICATION)**

1. Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Phone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Duties Performed \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Phone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Duties Performed \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Phone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Duties Performed \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

4. Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Phone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Duties Performed \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**ACKNOWLEDGMENT AND AUTHORIZATION**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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

\_\_\_\_\_  
Date