

# Application for Employment

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Type of Work Desired: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Birthday: \_\_\_\_\_

Are you a citizen of the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Does this company now employ any of your relatives or close friends?  
If YES, please complete the information requested below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

What VALID Drivers Licenses do you have? \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Chauffer: \_\_\_\_\_

CDL's: \_\_\_\_\_

Military Service, Please Complete the following questions:

Are you a veteran? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Dates of service? From: \_\_\_\_\_ To: \_\_\_\_\_

Branch of Service? \_\_\_\_\_

Educational History: (Circle the highest grade completed)

Grade School:      High School:      Other:      College:  
1 2 3 4 5 6 7 8      9 10 11 12      1 2      1 2 3 4 5

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Name & Address of High School: \_\_\_\_\_

Course or Major: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Years Credited: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

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Name & Address of College: \_\_\_\_\_

Course or Major: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Years Credited: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

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**Present or Last Employer:** \_\_\_\_\_

Address of Company: \_\_\_\_\_

Kind of Business: \_\_\_\_\_

Your Salary: \_\_\_\_\_ Dates employed, From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

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

**Next to Last Employer:** \_\_\_\_\_

Address of Company: \_\_\_\_\_

Kind of Business: \_\_\_\_\_

Your Salary: \_\_\_\_\_ Dates employed, From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

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

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**Next to Last Employer:** \_\_\_\_\_

Address of Company: \_\_\_\_\_

Kind of Business: \_\_\_\_\_

Your Salary: \_\_\_\_\_ Dates employed, From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

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

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Skills and Abilities: Please indicate any professional craft, trade, office or other skills, and/or abilities possessed by you (example: Drafting, typing, office machines, printing, carpentry, machinist)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Have you ever been suspended or discharged from any position? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If YES, Please explain:

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This space is provided for **references**:

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To the best of my knowledge, the above facts are true. Further, I authorize all person, schools, companies, physicians, credit bureaus, and law enforcement agencies to supply any information concerning my personal background and release them from any liability and responsibility arising from their so doing. And, if employed, I release liability and responsibly with regards to releasing reference information during or after my employment. I attest, Under Penalty of Perjury, the documents that I have presented as evidence of identity and aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certification.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

