



APPLICATION

Social Security # _____ - _____ - _____

Date: _____

Name: _____
(Last / First / Middle)

Address: _____
(No. Street / City / State / Zip)

Telephone: (____) _____ - _____ Email Address: _____

Are you 18 years of age or older? __Yes __ No

If hired, can you provide written evidence that you are authorized to work in the U.S.? __ Yes __ No

EDUCATION

Table with 5 columns: Type, Name/Location, Course of Study, # Years Completed, Degree/Diploma. Rows include Elementary & Jr. High, High School, College, and Technical or Other.

EMPLOYMENT RECORD

Table with 5 columns: Company Name and address, Kind of Work, Date: Started/Left, Rate of Pay, Reason for Leaving. Rows 1-4.

REFERENCES (Do Not Include Relatives)

Name/ Occupation/ Years/ Known Address

1. _____
2. _____
3. _____

EMPLOYMENT

Type of Work Desired _____ Salary Desired _____

How Were You Referred To Our Organization? _____

Do You Have Any Relatives Who Are Employed By This Organization? __Yes __No

Please Specify : _____

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? __Yes __ No

Please Specify : _____

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____ Date: _____

