

Application for Employment

Long Form

Date: ____/____/____

Personal Information

Name: Last First Middle Social Security Number

Address: Street Apt. No. City State Zip Code

Are You 18 Years or Older? Yes No Email:

Phone No.: () - Beeper/Mobile No.: () - Other Phone No.: () -

In Case of Emergency, Contact:

Name Address Phone No.

Are you Either a U.S. Citizen or an Alien Authorized to Work in the United States? Yes No

Employment Desired

POSITION

DATE YOU CAN START

PAY DESIRED

Type of Employment Desired: Full-Time Part-Time Temporary Seasonal Educational Co-OpAre You Employed Now? Yes No If So, May We Inquire Of Your Present Employer? Yes NoEver Applied to This Company Before? Yes No Where? When?Ever Worked For This Company Before? Yes No Where? When?

Reason For Leaving?

Name of Last Supervisor At This Company:

Who Referred You To This Company? Friend Employment Agency State Employment Office College Placement Service Other _____How did you learn about us? Newspaper - Which Paper? _____ Walk-In Radio - Which Station? _____ Referral - Who? _____ Other _____Have You Ever Been Convicted of a Felony ? Yes No Describe: _____

Answering "Yes" to these questions does not constitute an automatic bar from employment. Factors such as date of the offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into account.

Education

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREES SUBJECTS
GRAMMAR SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
ADVANCED DEGREES			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE BUSINESS OR CORRESPONDENCE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	

General

Subjects of Special Study or Research Work

Special Training

Special Skills

Equal Opportunity Employer

Service Record

Branch of Service _____

Employment History (Please list our last three employers, beginning with the most recent.)

Dates		Name of Employer	City/State	Telephone	Supervisor	Job Title	Pay Rate
From	To						
Description of Work:					May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving:							
Description of Work:					May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving:							
Description of Work:					May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving:							
Description of Work:					May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving:							

References (Give three persons not related to you, whom you have known for at least one year.)

	NAME	ADDRESS	TELEPHONE	YEARS ACQUAINTED
1.				
2.				
3.				

Authorization

I hereby certify that the information provided by me herein is true and complete. I acknowledge that any false or misleading information I provide herein or in an employment interview will be grounds to deny my application, or if discovered later, for immediate dismissal from employment. I authorize any use of the information contained herein by the employer for the purpose of verifying it. I authorize past employers, references and other persons to provide all information necessary to respond to any questions asked concerning my ability, character, and previous employment record. I release and forever discharge all such entities, persons and the employer from any and all liability arising from furnishing or requesting information about me. I understand and agree that if hired my employment will be at the will of both the employer and myself, and will be terminable by either, without notice, at anytime for any reason, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. If hired, I agree that any claim or lawsuit relating to my employment must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature _____ Date ____ / ____ / ____

