

# Employment Application

COMPANY OR EMPLOYER NAME: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_  
 APPLICANT TELEPHONE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?  Yes  No  
(If yes, verification will be required)

I AM SEEKING A PERMANENT POSITION:  Yes  No

Are you able to perform the essential functions of the position with or without accommodations?  
 Yes  No

IF NECESSARY FOR THE JOB I AM ABLE TO:  
 Work (which shifts)? \_\_\_\_\_  
 Work overtime? \_\_\_\_\_  
 Provide a valid Drivers License? \_\_\_\_\_

IF NECESSARY FOR THE JOB, ARE YOU OVER (Please mark one) 14\_\_\_ 15\_\_\_ 16\_\_\_ 18\_\_\_ 19\_\_\_ 21\_\_\_

I WILL BE ABLE TO REPORT TO WORK \_\_\_\_\_ DAYS AFTER BEING NOTIFIED THAT I AM HIRED.

| EDUCATION:                               | Yrs: Completed | Field of Study | Graduate or Degree |
|--|----------------|----------------|--------------------|
| High School _____                        |                |                |                    |
| Collage or University _____              |                |                |                    |
| Business/Technical _____                 |                |                |                    |
| Other (May Include grammar school) _____ |                |                |                    |

MILITARY SERVICE:  Yes  No

Duty/Specialized Training \_\_\_\_\_

**REFERANCES:** List two personal references who are not relatives or former supervisors.

| Name | Address | Telephone | Occupation | Years known |
|------|---------|-----------|------------|-------------|
|      |         |           |            |             |
|      |         |           |            |             |

**EMPLOYMENT:** List last employment first. Include summer temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

|                           |   |                                       |
|---------------------------|---|---------------------------------------|
| Employer Name and Address | Position and Title/Duties Skills          | Dates Employed<br>From _____ To _____ |
|                           |   | Reason for leaving                    |
|                           |   |                                       |
|                           | Supervisor's Name: _____ Telephone: _____ |                                       |

|                           |   |                                       |
|---------------------------|---|---------------------------------------|
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|                           |   | Reason for leaving                    |
|                           |   |                                       |
|                           | Supervisor's Name: _____ Telephone: _____ |                                       |

PLACE: \_\_\_\_\_

DATE: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_