

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

# APPLICATION FOR EMPLOYMENT

## PERSONAL

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Business telephone ( ) \_\_\_\_\_

Have you ever applied for employment with us? \_\_\_\_\_ Social Security # \_\_\_\_\_  
Yes No If yes: Month and Year \_\_\_\_\_ Location \_\_\_\_\_

Position Desired \_\_\_\_\_ Pay Expected \_\_\_\_\_

Apart from absence for religious observances, are you available for full-time work? \_\_\_\_\_ Will you work overtime if asked?  
Yes No If not, what hours can you work \_\_\_\_\_ Yes No

Are you legally eligible for employment in the United States? \_\_\_\_\_ When will you be available to Begin work? \_\_\_\_\_

Other special training or skills (languages, machine operation, etc.) \_\_\_\_\_

## EDUCATION

<u>School</u>	<u>Name and Location</u>	<u>Course of Study</u>	<u>No. of Years Completed</u>	<u>Did you graduate?</u>	<u>Degree or Diploma</u>
Graduate					
College					
Business/Trade/ Technical					
High School					
Elementary					

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment records. Start with your present employer.

#1 Company Name

Telephone ( )

Address

Employed (State month and year)  
From To

Name of Supervisor

Weekly Pay

Start Last

State Job Title and Describe Your Work

Reason for Leaving

#2 Company Name

Telephone ( )

Address

Employed (State month and year)

From To

Name of Supervisor

Weekly Pay

Start Last

State Job Title and Describe Your Work

Reason for Leaving

#3 Company Name

Telephone ( )

Address

Employed (State month and year)

From To

Name of Supervisor

Weekly Pay

Start Last

State Job Title and Describe Your Work

Reason for Leaving

#4 Company Name

Telephone ( )

Address

Employed (State month and year)

From To

Name of Supervisor

Weekly Pay

Start Last

State Job Title and Describe Your Work

Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact:

Employer Number(s) \_\_\_\_\_ Reason \_\_\_\_\_

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**MILITARY**

Did you serve in the U. S. Armed Services?

Yes

No

If "Yes" in what Branch?

Describe any training received relevant to the position for which you are applying

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The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of facts on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

**SIGNATURE:**

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## DRIVERS APPLICATION SCREENING

Are you 21 years of age (or older) ?        \_\_\_\_\_ Yes        \_\_\_\_\_ No

Do you have at least one year of driving experience?        \_\_\_\_\_ Yes        \_\_\_\_\_ No

Have you been convicted of a felony?        \_\_\_\_\_ Yes        \_\_\_\_\_ No

Have you had Auto insurance canceled, declined or not renewed?        \_\_\_\_\_ Yes        \_\_\_\_\_ No

Have you ever been convicted of DUI?        \_\_\_\_\_ Yes        \_\_\_\_\_ No

Have you had your driver licenses suspended or revoked?        \_\_\_\_\_ Yes        \_\_\_\_\_ No

Have you been convicted of three or more speeding violations or one or more other serious violations?  
\_\_\_\_\_ Yes        \_\_\_\_\_ No

Have you been involved in two or more chargeable accidents?        \_\_\_\_\_ Yes        \_\_\_\_\_ No