

# Application for Employment

## ABOUT YOU

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you listed a message phone above, how often do you check for messages? \_\_\_\_\_

Do you have reliable transportation to meet any scheduled shift? \_\_\_\_\_

Can you read at a 6th grade level? \_\_\_\_\_ Have you been convicted of a felony? \_\_\_\_\_ If yes, give details on last page.

Have you ever worked for us before? \_\_\_\_\_ If so, under what name? \_\_\_\_\_

Do you have any friends or relatives working for us? \_\_\_\_\_ Who? \_\_\_\_\_

Can you provide proof that you are over 18 years old? \_\_\_\_\_ ...over 21 years old? \_\_\_\_\_ Are you a smoker? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ License No. \_\_\_\_\_

Have you had any accidents or moving violations in the past three years? \_\_\_\_\_ If yes, please provide details on last page.

Have you ever been bonded? \_\_\_\_\_ Is there any reason why you could not be bonded? \_\_\_\_\_ If yes, describe on last page.

Do you have a legal right to work in the U.S.? \_\_\_\_\_ Can you provide documentation of your legal right to work? \_\_\_\_\_

Is there any reason why you could not perform all physical aspects of this job (including the ability to lift up to 50 lbs.)? \_\_\_\_\_

If yes, please provide details on last page.

Is additional information concerning change of name necessary to check work or education records? \_\_\_\_\_ If yes, explain.

(continue on last page if necessary)

Describe your use of drugs and alcohol: (continue on last page if necessary)

## ABOUT THE JOB

For what position are you applying? \_\_\_\_\_ Salary Requirement: \$ \_\_\_\_\_ per \_\_\_\_\_

Would you accept another position? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Which do you prefer?  full time work  part time work. If part time, about how many hours per week? \_\_\_\_\_

Which will you accept?  full time work  part time work

When could you start working for us **full time**? \_\_\_\_\_ When are you **NOT** available to work for us full time?

MON	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning
<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon
<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening
<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime

When could you start working for us **part time**? \_\_\_\_\_ When are you **NOT** available to work for us part time?

MON	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning
<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon
<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening
<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime

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# ABOUT YOUR WORK EXPERIENCE

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(PLEASE START WITH YOUR MOST RECENT POSITION)

Resume Attached?  YES  NO

COMPANY \_\_\_\_\_ Mo/Yr Hired \_\_\_\_\_ Mo/Yr Left \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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No. Supervised: Starting \_\_\_\_\_ Ending \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Superior's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Co-worker's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Co-worker's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Subordinate's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Subordinate's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Major Responsibilities and Accomplishments:

COMPANY \_\_\_\_\_ Mo/Yr Hired \_\_\_\_\_ Mo/Yr Left \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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No. Supervised: Starting \_\_\_\_\_ Ending \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Superior's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Co-worker's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Co-worker's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Subordinate's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Subordinate's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Major Responsibilities and Accomplishments:

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## MORE ABOUT YOUR WORK EXPERIENCE

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COMPANY \_\_\_\_\_ Mo/Yr Hired \_\_\_\_\_ Mo/Yr Left \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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No. Supervised: Starting \_\_\_\_\_ Ending \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Superior's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Co-worker's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Co-worker's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Subordinate's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Subordinate's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Major Responsibilities and Accomplishments:

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## ABOUT YOUR EDUCATION

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HIGH SCHOOL \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated? \_\_\_\_\_

No. Yrs. Completed \_\_\_\_\_ Major \_\_\_\_\_ Verification Phone (\_\_\_\_) \_\_\_\_\_

COLLEGE \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Degree \_\_\_\_\_

No. Yrs. Completed \_\_\_\_\_ Major \_\_\_\_\_ Verification Phone (\_\_\_\_) \_\_\_\_\_

GRAD SCHOOL \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Degree \_\_\_\_\_

No. Yrs. Completed \_\_\_\_\_ Major \_\_\_\_\_ Verification Phone (\_\_\_\_) \_\_\_\_\_

Extracurricular activities:

Other training programs completed:

Professional memberships and certifications:

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## OTHER COMMENTS

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Why would you be a good choice for this position?



I certify the information above is complete and accurate to the best of my knowledge. I authorize the individuals, companies and agencies concerned to provide this company and its agents with all information necessary to verify the statements I have made in this application and I release them from any liability for so doing. I understand I must receive satisfactory references from previous employers, co-workers and subordinates (if any) before an offer of employment can be made. I understand that incomplete or unsigned applications will not be considered and that false, incomplete or misleading statements are grounds for my immediate discharge. I understand that any offer of employment is contingent upon my passing a prescribed physical examination, proving my identity and documenting my right to work. I understand these policies cannot be changed except in writing.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_