

Please Read Carefully

This application form is for general usage

throughout the United States and the applicant

should not answer any question/s which he/she

feels violate federal, state and/or local

law or which he/she feels is not relate to the

position applied for.

A routine inquiry may be made which will

provide applicable information concerning

character, general reputation, personal

characteristics and mode of living. Upon

written request, information as to the nature

and scope of the report, if one is made, will

be provided.

AN EQUAL EMPLOYMENT OPPURTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

(PLEASE TYPE OR PRINT CLEARLY)

FILL IN ALL SPACES IF ITEM DOES NOT APPLY WRITE “NONE”

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name First name Middle Name | | | Social Security # | | | | | Phone & Area Code | | | |
|  | |  | |  |  |  | |  |
| Street Address City State & Zip Code | | | | | | | | Age if under 18 | | | |
| Position applied for | | Salary Required  $ per | | Date Available | | | | Referred by | | | |
| Education | Name and Address of School Attended | | | | | Course of Study | | Did you graduate | | List diploma or degree | |
| High School |  | | | | |  | |  | |  | |
| College or University |  | | | | |  | |  | |  | |
| Other:  Specify |  | | | | |  | |  | |  | |

Additional work experience/skills and information relating to position applied for or of general interest (attach supplemental sheet, if necessary)

|  |  |
| --- | --- |
| Describe any physical/mental disability limitations you may have that affect the position for which you are applying | Name of person to call in an emergency |
|  | Address |
|  | City State Telephone & Area Code |

Have you ever been convicted of a felony in the past 10 years?

If yes, describe fully:

Describe hobbies, special interests, awards and activities. (Omit reference to organizations/activities which have racial, religious or sex identification)

Foreign language(s) in which you are fluent

Write Speak Read

1.

2.

3.

Have you ever worked for this company or any of its subsidiaries? \_\_\_\_Yes \_\_\_\_No

If yes, State When\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Employment History

Begin with present or most recent employer and account for all periods of unemployment

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name and Address of Company | From | | To | | Position Title | Base Salary | |
|  | Month | Year | Month | Year |  | $\_\_\_  Per\_\_\_\_\_ | S  T  A  R  T |
| Supervisor |
|  |
| Telephone & Area Code | $\_\_\_\_  Per\_\_\_\_\_\_ | F  I  N  I  S  H |
| Type of Business or Product Line: | | | | | | | |
| Brief Description of your Duties | | | | | | | |
| Reason for Leaving: | | | | | | | |
| Name and Address of Company | From | | To | | Position Title | Base Salary | |
|  | Month | Year | Month | Year |  | $\_\_\_  Per\_\_\_\_\_ | S  T  A  R  T |
| Supervisor |
|  |
| Telephone & Area Code | $\_\_\_\_  Per\_\_\_\_\_\_ | F  I  N  I  S  H |
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| Brief Description of your Duties | | | | | | | |
| Reason for Leaving: | | | | | | | |
| Name and Address of Company | From | | To | | Position Title | Base Salary | |
|  | Month | Year | Month | Year |  | $\_\_\_  Per\_\_\_\_\_ | S  T  A  R  T |
| Supervisor |
|  |
| Telephone & Area Code | $\_\_\_\_  Per\_\_\_\_\_\_ | F  I  N  I  S  H |
| Type of Business or Product Line: | | | | | | | |
| Brief Description of your Duties | | | | | | | |
| Reason for Leaving: | | | | | | | |
| Name and Address of Company | From | | To | | Position Title | Base Salary | |
|  | Month | Year | Month | Year |  | $\_\_\_  Per\_\_\_\_\_ | S  T  A  R  T |
| Supervisor |
|  |
| Telephone & Area Code | $\_\_\_\_  Per\_\_\_\_\_\_ | F  I  N  I  S  H |
| Type of Business or Product Line: | | | | | | | |
| Brief Description of your Duties | | | | | | | |
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| Name and Address of Company | From | | To | | Position Title | Base Salary | |
|  | Month | Year | Month | Year |  | $\_\_\_  Per\_\_\_\_\_ | S  T  A  R  T |
| Supervisor |
|  |
| Telephone & Area Code | $\_\_\_\_  Per\_\_\_\_\_\_ | F  I  N  I  S  H |
| Type of Business or Product Line: | | | | | | | |
| Brief Description of your Duties | | | | | | | |
| Reason for Leaving: | | | | | | | |

Pre-Employment Statement

I certify that to the best of my knowledge the foregoing statements and medical history information given by me are true. I understand that if I am employed, and misrepresentation or omission by me herein will be sufficient cause for dismissal. I also authorize any investigation of the above information for purpose of verification. Furthermore, I agree that outgoing the course of my employment any accounts which may be owing to the “company” be withheld from my salary. I also agree and understand that if employed by the “company” my employment is for no definite period of time, and may, regardless of date of payment of my salary, be terminated at any time with the customary notice as prescribed by the law either myself or by the “company,” without necessity on the part of either for showing special cause for such termination. I consent to taking any pre-employment physical examination required by the “company” and such future physical examinations as may be required by the “company.”

May we contact present employer? \_\_\_Yes \_\_\_\_No Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DO NOT WRITE BELOW THIS LINE FOR COMPANY USE ONLY | | | | | |
| Date of Interview | Interviewer | Position for which Considered | Employed as | Date Hired | Start Salary |
| Full Time\_\_\_ On Call\_\_\_  Part Time\_\_\_ Temp\_\_\_\_\_ | | Yes\_\_\_\_  No\_\_\_\_ |  | | Hours P/Week |
| Signature Approved Date | | | | | |

Other Information and Rules and Regulations:

1. You are responsible for making sales or attending to your responsibilities of your exact job assignment. You must be diligent in doing your best and performing at peak performance during the work day.

2. It is vital that you are on time and do not waste others time by being late and having others that depend on you to lose earnings and cause additional strain on the financial budget of the company.

3. If for any reason you are terminated or you decide to make a change in your career aspirations, we understand, and we hope you do also. Please, however; do not disturb others in your departure.

4. Upon being terminated or you leave on your own accord, all compensation is cancelled other than you final pay, and that may be at the minimum wage depending on the manner in which you employment ends.

5. There are to be no drugs or alcohol on the premises and no cursing or sexual comments to other employees. Your personal conduct in the office will determine your value rating for promotions within the ranks.

6. Legal holiday wagers are only paid by the company if you are at work the day prior to the holiday and the day after the holiday, however; if the employee is employed for less than 90 days they will not be paid for any holidays or any time granted by this company as a bonus. This rule may be changed at any time by management and at management’s discretion.

Consent

I fully understand the rules and regulations outlined above and accept these as conditions of employment. I also will do everything in my power to perform at my fullest capacity. I also will not use drugs or alcohol while on the job and in no way will I try to sell drugs to anyone on staff.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_