



EMPLOYMENT APPLICATION

DATE:

NAME:

\_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS:

\_\_\_\_\_  
STREET OR BOX # CITY STATE ZIP CODE

PHONE #: \_\_\_\_\_ DOB: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION: \_\_\_\_\_

DATE YOU CAN START: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? YES NO

MAY WE CONTACT YOUR EMPLOYER? YES NO

HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE? YES NO IF YES, WHEN?

**EDUCATION:** YEAR COMPLETED: **DIPLOMA or DEGREE:**

HIGH SCHOOL: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

COLLEGE or UNIVERISTY: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OTHER (specify): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Professional licenses, certifications, or registrations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Types of equipment, electronics, and/or office machines that you are qualified to operate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**INFORMATION TO THE APPLICANT:** As part of our procedures for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may take a written request for information derived from the checking of references.

If necessary for employment in a specific position, you may be required to take a physical exam, provide evidence of citizenship, sign a conflict of interest agreement and abide by its terms. I understand and agree that my employment is for no definite period and may be, regardless of the date of payment, wages, or salary, may be terminated at any time without any previous notice.

I understand and agree to the information shown above

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