## Instructions & Checklist Employment Application

[_] This package contains: (1) Instructions and Checklist for the Employment Application; (2) Employment Application.
[_] This application makes assertions regarding the company's practice of providing equal employment opportunities; review your company's policy to ensure its accuracy.
[_] The applicant should sign the employment application.
[_] If the applicant is hired, a copy of their employment application should be kept with their other employment records.
[_] Laws vary from time to time and from state to state. These forms are not intended to be and are not a substitute for legal advice. Employers should consult with their attorneys before using this application to ensure that it complies with all laws.
[_] The purchase and use of these forms is subject to the "Disclaimers and Terms of Use" found at findlegalforms.com.

## APPLICATION OF EMPLOYMENT

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration. POSITION APPLYING FOR: PERSONAL INFORMATION First Name Middle Initial Last Name Current Address: City State Zip Code Street and Apt. # Permanent Address (if different from above): Street and Apt. # City State Zip Code Telephone: E-mail:\_\_\_\_\_ Social Security #: \_\_\_\_\_\_ State: \_\_\_\_\_ State: \_\_\_\_\_ I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis: □ Yes □ No If applicable, please list your visa type, visa # and expiration: \_\_\_\_\_\_\_ Have you ever been convicted of a felony? ☐ **Yes** □ No If you answered yes, please explain: Have you ever served in the U.S. Military? ☐ **Yes** □ No If yes, please provide the following information: Branch of Service: \_\_\_\_\_ Rank at time of separation: \_\_\_\_\_ I served from \_\_\_\_\_\_ to \_\_\_\_\_. Special Honors:

Last Name:	First Name:	Middle Initial:
		,

## **EMPLOYMENT HISTORY:**

	<u>-</u>				
Present or Most Recent Empl	loyer				
Employer:		Address:			
Your Position:		Salary:			
Duties:					
Dates of Employment:	to				
Supervisor:Name		Title	_ May we contact? □ Yes □ No		
Reasons for Leaving:					
Prior Employer					
Employer:		Address:			
Your Position:					
Duties:		,			
Dates of Employment:					
Supervisor:Name			 _ May we contact? □ Yes □ No		
Reasons for Leaving:					
Prior Employer					
Employer:		Address:			
Your Position:		Salary:			
Duties:					
Dates of Employment:	to _				

Title

Reason for leaving:

Name

Supervisor:\_\_\_

\_\_\_\_\_ May we contact? 

Yes 
No

Last Name:	First Name:	Middle Initial:
EDUCATION		
High School		
Name and Address		
Did you graduate? ☐ Yes ☐ No	Attended from to _	·
If you did not graduate, did you rec	eive your GED? ☐ Yes ☐ No	
Special honors or awards:		
Technical or Vocational School		
Name and Address		
Did you graduate? ☐ Yes ☐ No	Attended from	to
Degree or Certification:	Specialty:	
Special honors or awards:		
College or University		
Name and Address		<del></del>
Did you graduate? ☐ Yes ☐ No	Attended from	to
Degree:	Major:	
Special honors or awards:		
College or University		
Name and Address		
Did you graduate? ☐ Yes ☐ No	Attended from	to
Degree:	Major:	
Special honors or awards:		

Last Name:	First Name: _		_Middle Initial:	
POSITION INFORMATION	<b>]</b> :			
Position Specifications				
Position Applying For:				
How did you hear about this job?				
What hours are you willing to wor	k?			
Would you be able to work weeke	nds? 🗆 Yes	□ <b>No</b>		
Are you willing to travel for the join	b? □ Yes	□ <b>No</b>		
When would you would you be ab	le to start?			
Desired salary:	_ per			
Skills				
Please describe any skills you ha	ve in the following are	eas:		
Computer:				
Languages Spoken (other than Er	ıglish):			
Other:				
I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company				
to investigate any aspect of my p				
Furthermore I understand that if means that either the company oby state or federal law.				
Signature:		Date		