

**APPLICATION FOR EMPLOYMENT
PLEASE PRINT**

PLEASE ATTACH A COPY OF DRIVER LICENSE AND SOCIAL SECURITY CARD

POSITION APPLIED FOR: _____ DATE: _____

PERSONAL INFORMATION:

SALARY EXPECTATIONS: _____

LAST NAME FIRST MIDDLE SOCIAL SECURITY #

STREET ADDRESS CITY STATE/ZIP CODE TELEPHONE NUMBER

WHAT DATE ARE YOU AVAILABLE FOR EMPLOYMENT? _____

HAVE YOU TAKEN ANY ILLEGAL DRUGS IN THE LAST 30 DAYS? _____

NOTE: A PRE-EMPLOYMENT DRUG SCREENING IS IMPLEMENTED BEFORE HIRE DATE.

DO YOU HAVE ANY HEALTH CONDITION OR INJURY THAT WILL PREVENT YOU FROM CARRYING OUT YOUR JOB DUTIES? _____

NOTE: A PRE-EMPLOYMENT PHYSICAL IS IMPLEMENTED FOR JOBS REQUIRING PHYSICAL LABOR

HOW DID YOU LEARN ABOUT OUR COMPANY? _____

HAVE YOU EVER APPLIED FOR WORK HERE BEFORE? _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? _____

WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS (E.G., H-1B VISA STATUS)? _____

NOTE: THE FEDERAL IMMIGRATION AND REFORM AND CONTROL ACT OF 1986 REQUIRES THAT A DHS EMPLOYMENT ELIGIBILITY VERIFICATION "FORM I-9" BE COMPLETED FOR EVERY NEW HIRE AND THAT WITHIN 30 DAYS OF BEGINNING WORK EVERY NEW HIRE MUST PRESENT TO THE EMPLOYER DOCUMENTATION ESTABLISHING HIS/HER IDENTITY AND AUTHORIZATION TO WORK. THIS FEDERAL REQUIREMENT MUST BE SATISFIED AS A CONDITION OF EMPLOYMENT.

DRIVING RECORD:

DO YOU HAVE A VALID DRIVER LICENSE? _____ STATE _____ LICENSE # _____

HAVE YOU HAD ANY TICKETS? _____ IF YES, PLEASE EXPLAIN _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? _____ IF YES, PLEASE EXPLAIN _____

DO YOU HAVE ANY DUI OR DWI CONVICTIONS? _____ IF YES, PLEASE STATE WHEN & EXPLAIN _____

RESIDENCES: ((PART 391.21 (B)(3)) (PLEASE PROVIDE YOUR ADDRESSES OF RESIDENT FOR THE PAST SEVEN YEARS BEGINNING WITH THE MOST RECENT ADDRESS.))			
STREET ADDRESS	CITY, STATE, ZIP CODE	FROM	TO
STREET ADDRESS	CITY, STATE, ZIP CODE	FROM	TO
STREET ADDRESS	CITY, STATE, ZIP CODE	FROM	TO
STREET ADDRESS	CITY, STATE, ZIP CODE	FROM	TO
STREET ADDRESS	CITY, STATE, ZIP CODE	FROM	TO

EDUCATION: (MAY OR MAY NOT BE CONSIDERED DEPENDING OF JOB APPLIES FOR.)			
NAME, CITY & STATE OF EDUCATIONAL INSTITUTION	GRADUATED?	TYPE OF DEGREE	YEAR
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
TECHNICAL/GED			
LICENSES/CERTIFICATIONS			

EMPLOYMENT HISTORY:

COMPANY NAME	TELEPHONE #	ADDRESS	
SUPERVISOR	MAY WE CONTACT?	STARTING PAY	ENDING PAY
REASON FOR LEAVING?		START DATE	END DATE

COMPANY NAME	TELEPHONE #	ADDRESS	
SUPERVISOR	MAY WE CONTACT?	STARTING PAY	ENDING PAY
REASON FOR LEAVING?		START DATE	END DATE

COMPANY NAME	TELEPHONE #	ADDRESS	
SUPERVISOR	MAY WE CONTACT?	STARTING PAY	ENDING PAY
REASON FOR LEAVING?		START DATE	END DATE

COMPANY NAME	TELEPHONE #	ADDRESS	
SUPERVISOR	MAY WE CONTACT?	STARTING PAY	ENDING PAY
REASON FOR LEAVING?		START DATE	END DATE

REFERENCES: (PLEASE LIST THREE PERSONS NOT RELATED TO YOU WHO KNOW YOUR QUALIFICATIONS:

NAME	ADDRESS	PHONE	RELATIONSHIP

CRIMINAL RECORD:

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST SEVEN YEARS? _____

DATE OF CONVICTION: _____

HAVE YOU BEEN CONVICTED WITHIN THE LAST SEVEN YEARS OF MISAPPROPRIATION OF FUNDS, EMBEZZLEMENT, OR SIMILAR FOR OTHER DISHONEST CONDUCT; OR AN OFFENSE INVOLVING THE USE OF WEAPON; FOR BURGLARY, ROBBERY, BREAKING AND ENTERING OR THEFT; OR PHYSICAL ASSAULT OR OTHER VIOLENT CRIME? _____

HAVE YOU BEEN CONVICTED OF OR COMPLETED A PERIOD OF INCARCERATION WITHIN THE PAST FIVE YEARS FOR ANY MISDEMEANOR? _____

IF THE ANSWER TO THE ABOVE QUESTION IS "YES", PLEASE STATE WHETHER YOU WERE CONVICTED MORE THAN FIVE YEARS AGO FOR ANY OFFENSE? _____