

# Application for Employment

## COMPANY NAME

Address  
City State Zip  
Phone And Fax  
Advertising Line

PLEASE PRINT

*"The position being applied for must be specified. This application is current for only 60 days. At the conclusion of this time, if you have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application. If any requested information does not fit your experience write none in that space. Do not leave any blank spaces. This application is intended to gather information necessary to evaluate qualifications for employment only and supplemental application forms may be required to comply with state law(s)."*

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employment Agency  Other \_\_\_\_\_  
Name of Source (If Applicable) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

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

Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_  
Area Code

If necessary, best time to call you at home is .....

Are you 18 years of age or older? .....  YES  NO

Have you ever been employed here before? .....  YES  NO

If yes, give dates ..... From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in the United States? .....  YES  NO  
(Proof of U.S. Citizenship or immigration status will be required before employment)

Date available for work ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired  Full Time  Part Time  Temporary  Seasonal  Educational Co-Op

Are you on lay-off and subject to recall? .....  YES  NO

Will you relocate if job requires it? .....  YES  NO Will you travel if job requires it? .....  YES  NO

Are you able to meet the attendance requirements of the position? .....  YES  NO

Will you work overtime if required? .....  YES  NO

Have you been convicted of a felony including theft or assault in the last seven (7) years? .....  YES  NO  
(Such conviction may be relevant if job related, but does not bar you from employment.)

If YES, please explain: \_\_\_\_\_

Driver's license number (if required by job) \_\_\_\_\_ State \_\_\_\_\_