



## EMPLOYMENT APPLICATION

APPLICANT INFORMATION		
Last Name	First Name	M.I.
Street Address		Apt/Suite
City	State	Zip
Phone #	Email	
Are you 18 years of age or older?	Language(s) spoken fluently	
Position Applied For	Employment Desired	
Date Available	<input type="checkbox"/> Full-Time	
Desired Salary	<input type="checkbox"/> Part-Time	
<input type="checkbox"/> Seasonal/Temporary		
Are you a citizen of the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, are you legally eligible to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain	

EDUCATION	
High School	Address
Did you graduate?	Degree
College	Address
Did you graduate?	Degree
Additional	Address
Did you graduate?	Degree

**REFERENCES***Please list three professional references*

Full Name	Relationship
Company	Phone
Address	

Full Name	Relationship
Company	Phone
Address	

Full Name	Relationship
Company	Phone
Address	

**WORK EXPERIENCE**

Company	Phone
Address	
From (mm/yy)	To (mm/yy)
Supervisor	Title
Duties	
May we contact your previous supervisor for a reference?    YES    NO	

Company	Phone
Address	
From (mm/yy)	To (mm/yy)
Supervisor	Title
Duties	
May we contact your previous supervisor for a reference?    YES    NO	

Company	Phone
Address	
From (mm/yy)	To (mm/yy)
Supervisor	Title
Duties	
May we contact your previous supervisor for a reference?      YES      NO	

<b>MILITARY SERVICE</b>	
Branch	From                      To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER &amp; SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

**ADDITIONAL QUESTIONS**

1. Do you have any respiratory problems that would make it difficult to wear a respirator?

\_\_\_\_\_

2. With another person, could you move things like a heavy sofa or kitchen table?

\_\_\_\_\_

3. Can you climb up and down a ladder for several hours working above your head?

\_\_\_\_\_

4. Do you have a valid driver's license?

\_\_\_\_\_

5. Do you have reliable transportation to our office?

\_\_\_\_\_

6. Are you able to periodically work "on-call" for weekends, evening, or holidays?

\_\_\_\_\_

7. Do you have a personal phone that you can interact with company applications on?

\_\_\_\_\_

Signature

Date

X \_\_\_\_\_

\_\_\_\_\_