



Employment Application

Jan.2024

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Are you at least 18 years of age: Lift up to 50 lbs.? Desired Salary:\$

Position Applied for:

Are you legally authorized to work in the United States? YES NO Are you employed now? NO YES

Have you ever worked for this company? YES NO If yes, when?

Spoken Languages:

Desired Shift: First 6:00 AM - 2:45 PM Second: 2:15 PM - 11:00 PM

Education

High School: Address:

From: To: Did you graduate? YES NO Diploma:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

Military Service

Branch: From: To:

Rank at Discharge: Type of Discharge:

If other than honorable, explain:

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

## Disclaimer and Signature

*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: \_\_\_\_\_

### **For Office Use Only**

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Rate: \_\_\_\_\_

Hired By: \_\_\_\_\_ Referred By: \_\_\_\_\_ ID# \_\_\_\_\_