

Date: _____

Last Name	First Name	Middle Initial
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Street Address	City	State	Zip Code
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Home Phone Number	Social Security Number
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Cell Phone Number	Email Address
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Is your driver's license valid? YES NO

State driver's license issued in _____

Driver's License Number _____

Have you ever been convicted of a felony? _____

If yes, please explain _____

Have you had any traffic violations in the last two years? If so, please list.

Are you a U.S. citizen? YES NO

If not, what is your Alien or Admission number? _____

Pay Expected \$ _____ Will you work overtime if asked? YES NO

When will you be available to begin work? _____

EMPLOYMENT DATA

Type of work preferred:

Permanent

Part-time

Preferred Position:

1. _____

2. _____

WORK HISTORY (List most recent first)

Company Name _____

Telephone Number _____

Address _____

Name of Supervisor _____

Employed From _____ to _____

Weekly pay Starting _____ Ending _____

Job Title and Duties Performed _____

Reason For Leaving _____

Company Name _____

Telephone Number _____

Address _____

Name of Supervisor _____

Employed From _____ to _____

Weekly pay Starting _____ Ending _____

Job Title and Duties Performed _____

Reason For Leaving _____

Company Name _____

Telephone Number _____

Address _____

Name of Supervisor _____

Employed From _____ to _____

Weekly pay Starting _____ Ending _____

Job Title and Duties Performed _____

Reason For Leaving _____

May we contact the employers listed? YES NO

If not, which ones do you not want us to contact? _____

Reason: _____

Other experience that would be beneficial to the type of work you are applying for:

EDUCATION

Name and location of school: (High school, college, vocational, etc.)

_____ Did you graduate? _____

_____ Did you graduate? _____

_____ Did you graduate? _____

Optional:

Race: _____ Gender: _____

*All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.

Referred by: _____

CERTIFICATION AND RELEASE

I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I will provide a motor vehicle report if requested.

Signature Date

Person to be notified in case of an emergency:

Name Relationship

Address (City & State) Telephone Number

Interviewer name and comments:

DO NOT WRITE IN THIS SPACE

Hire date: _____ Job Title _____

Rate of Pay: \$ _____ Forms Completed: Medical History

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