

Employment Application

Name		Social Security #		Trade Desired	
Height	Weight	Dependents (Number, Ages)			
Street, City, State, Zip				Phone Number	
Previous Address for the past 3 years				Cell Phone (Optional)	
In Case of Emergency Notify: Name				Home Phone Number	
Address				Work Phone Number	
General Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 Last School Attended (Name, City) List Major					
Date of OSHA 10 Certification:					
Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch	Type of Discharge	Rank at Discharge	Date (From - To)
Have you ever been convicted of a Felony involving theft or injury to another person? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain		
Have you ever done this type of work before?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you capable of doing this type of work?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If employed and you are under 18, can you furnish a work permit?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you filled an application out here before?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been employed here before?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When _____			
Are you employed now?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, may we contact your present employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
On what date would you be available for work?		Date _____			
Are you available to work?		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary or Seasonal			
Are you on lay-off and subject to recall?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you travel if a job requires it?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Physical History					
Do you wear glasses or corrective lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date of last physical examination _____					
List any physical limitations (such as eyesight, limb impairment, diabetes, etc.)					
We consider applications for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, the presence of a non job related medical condition or handicap, or any other legally protected status.					

Past Employment (list last 3 years)

Last Employer: Name			
Address			
Position Held	From	To	Salary
Reason for Leaving			
Second Last Employer: Name			
Address			
Position Held	From	To	Salary
Reason for Leaving			
Third Last Employer: Name			
Address			
Position Held	From	To	Salary
Reason for Leaving			

Please note pertinent information regarding References

References

Name:	Phone:
Name:	Phone:
Name:	Phone:

Please give any further information which may be helpful to us in considering your qualifications: Example: Special work skills.

Read and sign this Agreement before submitting the Application:

As part of our employment procedure, a routine inquiry may be made which will provide applicable information concerning character, General reputation and personal characteristics. Upon written request, additional information as to the nature and scope of the report. If one is made, will be provided. I understand that any false answer or statements or implication made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I also understand that if hired a physical and or drug testing may be required. This certifies that this application was completed by me, and that all entries on it, and information in it are true and complete to the best of my knowledge.

Signature of Applicant _____ Date _____