



## AVAILABILITY

For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_

What category would you prefer? (Please circle)

FULL TIME

PART TIME

TEMPORARY

LABOR POOL

## EDUCATION

Please circle highest grade completed 7 8 9 10 11 12 13 14 15 16 16+

Name of High School \_\_\_\_\_

City and State of High School \_\_\_\_\_

Graduation Year \_\_\_\_\_ Degree \_\_\_\_\_

Name of College \_\_\_\_\_

City and State of College \_\_\_\_\_

Graduation Year \_\_\_\_\_ Degree \_\_\_\_\_

Additional Training / Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**JOB-RELATED SKILLS** (Do not fill out any part of this section you believe to be non-job related.)

List languages you are fluent: \_\_\_\_\_

If the job requires, do you have the appropriate drivers license? \_\_\_\_\_

DL#: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_

TYPE: \_\_\_\_\_ DOB: \_\_\_\_\_

Have you had any moving violations? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company.

Have you been given a job description or had the requirements of the job explained to you? \_\_\_\_\_

Do you understand these requirements? \_\_\_\_\_

**EMPLOYMENT REFERENCES**

PLEASE NOTE:

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, *the correct telephone numbers of past employers are critical*. Ask for a phone book or call information if you need.

**MOST RECENT EMPLOYER**

Are you currently working for this employer? \_\_\_\_\_ If yes, may we contact? \_\_\_\_\_

Company Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_ per HOUR WEEK MONTH (circle one)

Reason for Leaving: \_\_\_\_\_

**SECOND MOST RECENT EMPLOYER**

Company Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_ per HOUR WEEK MONTH (circle one)

Reason for Leaving: \_\_\_\_\_

**THIRD MOST RECENT EMPLOYER**

Company Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_ per HOUR WEEK MONTH (circle one)

Reason for Leaving: \_\_\_\_\_

**REFERENCES** (Include only individuals familiar with your work ability. Do not include relatives.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

**COMMENTS:**

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**CERTIFICATION AND RELEASE:**

**I certify that I have read and understand the applicant note on page one of this form and 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 to 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 vehicles driving records. I authorize all person's, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage 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.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date