

EMPLOYMENT APPLICATION



EMPLOYEE INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available		Social Security No.	Birth Date	
Emergency Contact		Phone	Relationship	
Driver's License #		State	Class	Exp. Date
CDL License: YES <input type="checkbox"/> NO <input type="checkbox"/>		Class	Endorsements	
United States Citizen YES <input type="checkbox"/> NO <input type="checkbox"/>		Withholding Information: Married <input type="checkbox"/> Single <input type="checkbox"/>		W-4 Allowances:
DO YOU TAKE ANY MEDICATIONS THAT MIGHT AFFECT YOUR ABILITY TO PERFORM YOUR JOB SAFELY? IF YES, PLEASE EXPLAIN:				YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, WITH OR WITHOUT REASONABLE ACCOMMODATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>				
I UNDERSTAND A MISSTATEMENT OR FAILURE TO REPORT A CONDITION THAT PROHIBITS ME FROM PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB COULD RESULT IN IMMEDIATE TERMINATION. EMPLOYEE INITIALS:_____				

OFFICE USE ONLY

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	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	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

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
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