



## JOB APPLICATION FORM

Instructions: Answer all questions. Sign and date the form.

### PERSONAL INFORMATION:

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Nick Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number(\_\_\_\_\_) \_\_\_\_\_

Cell Number(\_\_\_\_\_) \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_ No \_\_\_ (proof of eligibility will be required if employed)

If you are under age 18, do you have an employment/age certificates? Yes \_\_\_ No \_\_\_

Do you have current drivers license and insurance? Yes \_\_\_ No \_\_\_

Do you have transportation? Yes \_\_\_ No \_\_\_

### POSITION/AVAILABILITY:

Position Applied For \_\_\_\_\_

Days/Hours Available

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday \_\_\_

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_ What date are you available to start work? \_\_\_\_\_

### EDUCATION

Name and address of School-Degree/Diploma-Graduation Date

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Skills and Qualifications: Licenses, Skill, Training, Awards, Software  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY: Last 3 places of employment**

Present Or Last Position

Employer: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

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

Salary: \_\_\_\_\_

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

**EMPLOYMENT HISTORY: Last 3 places of employment**

Present Or Last Position

Employer: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

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

Salary: \_\_\_\_\_

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

**EMPLOYMENT HISTORY: Last 3 places of employment**

Present Or Last Position

Employer: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

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

Salary: \_\_\_\_\_

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

May We Contact Your Present Employer?

Yes \_\_\_ No \_\_\_

Please List three personal references and provide their: Name/Title // Phone // Email

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I verify that the information on this application is true and complete and it is understood and agreed that any misrepresentation or falsification of these facts will be sufficient grounds for dismissal if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, and that no representative of the Employer has the authority to make any assurance to the contrary.

I authorize the Employer to investigate all references and secure additional job-related information; including a criminal background check. I release from liability the Employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's decision for employment on a basis prohibited by local, state or federal law.

This application is current for only ninety days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_