

Application for Employment - United

Position Applied For: _____
 Applying for: Full Time Part Time Seasonal
 Other: _____ Salary Expected: _____

Please complete ALL questions fully and accurately to the best of your knowledge. We are an Equal Opportunity Employer. All applications will receive consideration for employment without regard to age, sex, disability, race, creed, religion, color, national origin, marital status, disabled veteran or veteran status.

1. PERSONAL INFORMATION

Full Name _____ Social Security Number _____
LAST FIRST INITIAL

Your address _____
STREET CITY STATE ZIP

Home phone number _____ Other phone number where you could be reached _____

Are you 18 Years of Age or Older? Yes No

Are you legally authorized to work in the United States? Yes No (Proof of eligibility must be furnished within three dates from date of hire. Failure to provide eligibility will result in termination of employment.)

2. EDUCATION AND SKILLS

Give record of all High Schools, Colleges, Universities and Special Schools you have attended.

NAME OF SCHOOL	ADDRESS OF SCHOOL	DEGREE	MAJOR COURSE OF STUDY	GRADUATED
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

3. WORK EXPERIENCE

Give your full employment record - start with your current or most recent employment: (We will assume we have your permission to contact these firms unless you indicate to the contrary.)

NAME AND ADDRESS OF PREVIOUS EMPLOYER(S)	PERIOD OF EMPLOYMENT (Month - Year)	COMPLETE THE FOLLOWING	SALARY
FIRM	FROM.	KIND OF BUSINESS	
ADDRESS	TO	SUPV's NAME	
CITY STATE ZIP	PHONE (area) (exchange no.)	POSITION HELD	
REASON FOR LEAVING		CONTACT PERSON	
DUTIES		CONTACT PHONE #	
NAME AND ADDRESS OF PREVIOUS EMPLOYER(S)	PERIOD OF EMPLOYMENT (Month - Year)	COMPLETE THE FOLLOWING	SALARY
FIRM	FROM.	KIND OF BUSINESS	

ADDRESS	TO	POSITION(S) HELD	
CITY STATE ZIP	PHONE (area) (exchange no.)	SUPV's NAME	
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REASON FOR LEAVING		CONTACT PERSON	
DUTIES		CONTACT PHONE #	

4. MILITARY

Branch of Service: _____ Active Dates of Duty: _____ Highest Rank: _____
 Training & Experience: _____

5. SPECIAL SKILLS If applying for a position, which requires specialized skills, list the special skills and computer skills/software for which you are proficient.

6. GENERAL INFORMATION

Have you ever worked for this company before? Yes No If so, when? _____
 What was your position? _____
 To whom did you report? _____

Have you ever been convicted of a crime, excluding misdemeanors? Yes No If yes, please describe in full:

(Applicant, please note that a conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

7. REFERENCES (Other than previously listed).

Give the names and addresses of persons who know you (not relatives). (We will assume we have your permission to contact these people unless you indicate to the contrary.)

Name _____ Address _____	Name _____ Address _____	Name _____ Address _____
Phone # _____ Business or Position _____ Years Known _____	Phone # _____ Business or Position _____ Years Known _____	Phone # _____ Business or Position _____ Years Known _____

8. PLEASE READ VERY CAREFULLY AND SIGN

My signature certifies that I completed this application. I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by the Company until after my becoming employed, is grounds for, and may result in, my immediate termination.

I authorize the Company to contact any person identified on this application and any present or previous employer and that I agree that all such persons may provide information about you and that release of all such persons from any and all liability for providing any such information. I agree to hold such persons harmless with respect to any information they may give about me.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of the Company, and I understand that my employment is at will and that my employment may end at any time, without prior notice, and with or without reason by either myself or the Company. I understand that no representative of the Company, other than the President, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that completion of this Application For Employment does not guarantee that this Company will employ me.

I HAVE READ THE ABOVE PARAGRAPH AND UNDERSTAND IT.

SIGNED _____ **DATE** _____

REQUEST FOR TRANSCRIPT OF ACADEMIC RECORDS

If requested by the Company, I hereby authorize the educational institutions listed on the Employment Application to release a copy of my official transcript of my academic record.

NAME (PLEASE PRINT) _____ MAIDEN NAME _____ SS# _____
 SIGNATURE _____ DATE _____