EMPLOYMENT / JOB APPLICATION

**PERSONAL INFORMATION**

# Full Name: [APPLICANT NAME] Date: [MM/DD/YYYY] Address: [APPLICANT ADDRESS] [APPLICANT CITY, STATE, ZIP CODE]

**E-mail**: [APPLICANT EMAIL] **Phone**: [APPLICANT PHONE]

**EDUCATION**

**EMPLOYMENT ELIGIBILITY**

**Social Security Number (SSN)**: [SIN #]

**Date Available**: [MM/DD/YYYY] **Desired Pay**: $[PAY AMOUNT] ☐ Hour ☐ Salary

**Position Applied For**: [POSITION]
**Employment Desired**: ☐ Full-time ☐ Part-time ☐ Seasonal

**Are you legally eligible to work in the U.S?** ☐ Yes ☐ No
**Have you ever worked for this employer?** ☐ Yes\* ☐ No\*If yes, write the start and end dates: [MM/DD/YYYY] [MM/DD/YYYY] **Have you ever been convicted of a felony?** ☐ Yes\* ☐ No\*If yes, please explain: [EXPLAIN FELONY HISTORY]

**High** **School**: [HIGH SCHOOL NAME] City / State: [CITY/STATE]
From: [MM/DD/YYYY] To: [MM/DD/YYYY]

Graduate? ☐ Yes ☐ No Diploma: [FIELD OF STUDY]
**College**: [COLLEGE NAME] City / State: [CITY/STATE]
From: [MM/DD/YYYY] To: [MM/DD/YYYY]
Graduate? ☐ Yes ☐ No Degree: [FIELD OF STUDY]

**Other**: [INSTITUTION NAME] City / State: [CITY/STATE]
From: [MM/DD/YYYY] To: [MM/DD/YYYY]

Diploma/Degree/Certification: [FIELD OF STUDY]
 **Other**: [INSTITUTION NAME] City / State: [CITY/STATE]
From: [MM/DD/YYYY] To: [MM/DD/YYYY]
Diploma/Degree/Certification: [FIELD OF STUDY]

**PREVIOUS EMPLOYMENT**

**Employer 1**: [EMPLOYER NAME]

E-mail: [EMPLOYER EMAIL] Phone: [EMPLOYER PHONE]

Address: [EMPLOYER ADDRESS] [EMPLOYER CITY, STATE, ZIP CODE]

Starting Pay: $[PAY AMOUNT] ☐ Hour ☐ Salary

Ending Pay: $[PAY AMOUNT] ☐ Hour ☐ Salary

Job Title: [PREVIOUS POSITION] Responsibilities: [PREVIOUS RESPONSIBILITIES]

From: [MM/DD/YYYY] To: [MM/DD/YYYY]

Reason For Leaving: [EXPLAIN TERMINATION REASON]

**Employer 2**: [EMPLOYER NAME]

E-mail: [EMPLOYER EMAIL] Phone: [EMPLOYER PHONE]

Address: [EMPLOYER ADDRESS] [EMPLOYER CITY, STATE, ZIP CODE]

Starting Pay: $[PAY AMOUNT] ☐ Hour ☐ Salary

Ending Pay: $[PAY AMOUNT] ☐ Hour ☐ Salary

Job Title: [PREVIOUS POSITION] Responsibilities: [PREVIOUS RESPONSIBILITIES]

From: [MM/DD/YYYY] To: [MM/DD/YYYY]

Reason For Leaving: [EXPLAIN TERMINATION REASON]

 **Employer 3**: [EMPLOYER NAME]

E-mail: [EMPLOYER EMAIL] Phone: [EMPLOYER PHONE]

Address: [EMPLOYER ADDRESS] [EMPLOYER CITY, STATE, ZIP CODE]

Starting Pay: $[PAY AMOUNT] ☐ Hour ☐ Salary

Ending Pay: $[PAY AMOUNT] ☐ Hour ☐ Salary

Job Title: [PREVIOUS POSITION] Responsibilities: [PREVIOUS RESPONSIBILITIES]

From: [MM/DD/YYYY] To: [MM/DD/YYYY]

Reason For Leaving: [EXPLAIN TERMINATION REASON]

**REFERENCES**

(PROFESSIONAL ONLY)

# Full Name: [REFERENCE NAME] Relationship: [REFERENCE RELATION]

Company: [REFERENCE EMPLOYER] Title: [REFERENCE TITLE]

E-mail: [REFERENCE EMAIL] Phone: [REFERENCE PHONE]

**Full Name:** [REFERENCE NAME] Relationship: [REFERENCE RELATION]

Company: [REFERENCE EMPLOYER] Title: [REFERENCE TITLE]

# E-mail: [REFERENCE EMAIL] Phone: [REFERENCE PHONE]

# Full Name: [REFERENCE NAME] Relationship: [REFERENCE RELATION]

Company: [REFERENCE EMPLOYER] Title: [REFERENCE TITLE]

# E-mail: [REFERENCE EMAIL] Phone: [REFERENCE PHONE]

**MILITARY SERVICE**

**Are you a veteran?** ☐ Yes ☐ No **Branch**: [MILITARY BRANCH]
From: [MM/DD/YYYY] To: [MM/DD/YYYY]

Rank at Discharge: [MILITARY RANK] Type of Discharge: [DISCHARGE TYPE]
If not honorable, please explain: [EXPLAIN DISHONORABLE DISCHARGE]

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**BACKGROUND CHECK CONSENT**

# If asked, are you willing to consent to a background check? ☐ Yes ☐ No

**DISCLAIMER**

The applicant understands that this is an Equal Opportunity Employer who is committed to excellence through diversity. To ensure this application is acceptable, please complete the application fully in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

Employee Signature: Date:

Print Name: [APPLICANT NAME]