



## Employee Application Form

Instructions: Please print clearly in black or blue ink. Answer all questions and be sure to sign and date the form at the end.

### Personal Information:

First Name: \_\_\_\_\_ Social Security #: (Will request upon hiring)  
Middle Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
Last Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Please Circle 'Yes' or 'No' for the following questions:

Are you eligible to work in the United States? **Yes** or **No**

If you are under the age of 18, do you have an employment/age certificate? **Yes** or **No**

Have you been convicted of or pleaded no contest to a felony within the last five years? **Yes** or **No**

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

### Position/Availability:

Position Applying for: \_\_\_\_\_

Day	Mark with ✓ if available:	Start Time:	End Time:
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

If hired, what date are you available to start? \_\_\_\_\\_\_\_\_\\_\_\_\_\_

**Education:**

School	Address	Degree/Diploma	Graduation Date:

Skills & Qualifications (List any licenses, specialized skills, training, awards, etc.):

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**Employment History:**

**Current or Most Recent Position:** \_\_\_\_\_ Salary: \_\_\_\_\_

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

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

Phone #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\\_\_\_\_\\_\_\_\_ To: \_\_\_\_\\_\_\_\_\\_\_\_\_

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

Reason(s) for Leaving: \_\_\_\_\_  
\_\_\_\_\_

May we contact your current employer? **Yes** or **No** (please circle)

**Previous Position:** \_\_\_\_\_ Salary: \_\_\_\_\_

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

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

Phone #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\\_\_\_\_\\_\_\_\_ To: \_\_\_\_\\_\_\_\_\\_\_\_\_

**References:**

Name	Relation (family, friend, co-worker, etc.)	Phone #
		(    ) -    -
		(    ) -    -
		(    ) -    -

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorized the verification of any or all information listed above.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_