



<b>Personal Information</b>	<b>Date:</b>	
NAME:	SOC. SEC. # & Driver's License#	
ADDRESS: (Number and Street, City, State, Zip Code)	PHONE NO.	
	EMAIL	
POSITION DESIRED	DATE YOU CAN START	
	SALARY DESIRED	
HAVE YOU WORKED FOR THIS COMPANY BEFORE?	YES	NO

<b>EDUCATION</b>			
	NAME	DID YOU GRADUATE & year	SUBJECTS STUDIED
High School			
College			
Trade, business, other			

**SPECIAL SKILLS AND QUALIFICATIONS:** List job-related licenses, skills, training, honors, awards, and special accomplishments

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<b>EMPLOYMENT HISTORY: (START WITH PRESENT OR LAST POSITION)</b>				
Dates from/to	Employer	Employer Address and Phone Number	Reason for Leaving	Ending Salary
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/				
/				

<b>REFERENCES: (Give below the names of persons not related to you, whom you have known at least one year.</b>			
	Name/Title	Address and Phone No. #	Occupation
1.			
2.			
3.			

Are you a citizen of the United States? \_\_\_Yes \_\_\_No If no, are you authorized to work in the U.S.? \_\_\_Yes \_\_\_No

Have you ever been convicted of a felony? \_\_\_Yes \_\_\_No If yes, please explain\_\_\_\_\_

**Authorization**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

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

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

*DO NOT WRITE BELOW THIS LINE*

**Remarks**

\_\_\_\_\_  
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HIRED	FOR DEPT	POSITION	WILL REPORT	SALARY
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APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_