



# Application for Employment

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First MI

Current Address \_\_\_\_\_  
Street City State Zip

Previous Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_  
Home Cell

Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

Position applying for \_\_\_\_\_ Salary requirement \_\_\_\_\_

Full time  Part time \_\_\_\_\_ Hrs/wk

Date available to start \_\_\_\_\_

Referral source  Advertisement \_\_\_\_\_  Friend \_\_\_\_\_

Employment agency \_\_\_\_\_  Other \_\_\_\_\_

Have you ever filled out an application here before?  Yes  No Date \_\_\_\_\_

Have you ever been employed here before?  Yes  No Dates \_\_\_\_\_

What geographical location do you prefer to work in? \_\_\_\_\_

Do you have any objection to working Saturdays?  Yes  No

Do you have any objection to working Sundays?  Yes  No

Do you have any objection to working overtime?  Yes  No

Do you have any relatives employed by the company or its affiliates?  Yes  No

If yes, please give name, location and relationship \_\_\_\_\_

Are you legally eligible to work in the U.S.?  Yes  No

Are you a U.S. citizen?  Yes  No

Are you a veteran of the U.S. Military Service?  Yes  No

If so, what was your branch? \_\_\_\_\_

## Education

	Name & Address	Dates	Degree
High School			
College			
Graduate/Professional			
Extracurricular Activities			

Please list employment record over the last 10 years starting with your present or last employer. If space is insufficient, list on separate page. May we contact your present employer for a reference?  Yes  No

Employer	Work Performed	Salary	
Address		Starting	Final
Job Title		Dates (Month/Year)	
Supervisor & Phone Number		To	From
Reason For Leaving			
Employer	Work Performed	Salary	
Address		Starting	Final
Job Title		Dates (Month/Year)	
Supervisor & Phone Number		To	From
Reason For Leaving			
Employer	Work Performed	Salary	
Address		Starting	Final
Job Title		Dates (Month/Year)	
Supervisor & Phone Number		To	From
Reason For Leaving			
Employer	Work Performed	Salary	
Address		Starting	Final
Job Title		Dates (Month/Year)	
Supervisor & Phone Number		To	From
Reason For Leaving			

**Unemployment history**

Please account for all periods of unemployment of 1 month or longer over the past ten years. Please include volunteer work, temporary work, or special skills utilized during this time.

From		To		State what you were doing
mo.	yr.	mo.	yr.	
mo.	yr.	mo.	yr.	
mo.	yr.	mo.	yr.	
mo.	yr.	mo.	yr.	

**Office skills**

Please indicate by marking the appropriate boxes which office skills you maintain:

Typing/wpm\_\_\_\_\_       Dictaphone       Word Processor \_\_\_\_\_  
model

10 key       Short hand/wpm\_\_\_\_\_       Teller Terminal \_\_\_\_\_  
 touch    sight      model

CAT       PC \_\_\_\_\_       Software \_\_\_\_\_  
model

Other skills \_\_\_\_\_

Foreign Languages \_\_\_\_\_



**References:**

Name	Address	Phone number	Years acquainted
1.			
2.			
3.			



For the purpose of checking your references, please indicate other names (ex. a.k.a., maiden, and nickname) under which you worked or attended school. \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a criminal offense other than a minor traffic violation? \_\_\_\_\_  
If so, please explain. \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude groups, which indicate race, color, religion, sex or national origin) \_\_\_\_\_

\_\_\_\_\_

**Personal**

Tell us briefly about yourself, your ambitions, particular qualifications for this position, and your reasons for seeking employment with our company.

.....  
I hereby affirm that my answers to the foregoing questions are true and correct, and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge; and that my employment will be subject to proof of age, proof of legal right to remain permanently in this country, and verification of identity and employment eligibility. A further condition of my employment and continued employment will be my assent to a background questionnaire or other examinations, and verification by physician as to my physical and mental condition.

In consideration of my employment, I agree to conform to the rules and regulations of this company and further agree that my employment and compensation can be terminated, with or without notice, at any time, and without cause at the option of the employer or myself.

\_\_\_\_\_  
Applicant Signature & Date

**DO NOT WRITE BELOW THIS LINE**  
.....

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

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Job offer                     accepted     declined    Date \_\_\_\_\_

TO THE SUPERVISOR: If you are interested in employing this individual, please complete the following sections below and forward to your Department Manager for signature. To ensure proper and timely processing, please forward this application immediately upon completion to the Human Resources Department.

Branch \_\_\_\_\_                    Position \_\_\_\_\_                    1<sup>st</sup> Day \_\_\_\_\_

Job Grade \_\_\_\_\_

If P/T, work hours per week \_\_\_\_\_                    Replacement for \_\_\_\_\_  
\_\_\_\_\_

Department Manager \_\_\_\_\_                    Employment by \_\_\_\_\_

Reports to \_\_\_\_\_                    Interviewed \_\_\_\_\_                    Pay Rate \_\_\_\_\_