

## Employment Application

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Are you 18 years old or older?  Yes  No

What position are you applying for? \_\_\_\_\_

If you are hired, when can you start work? \_\_\_\_\_

### EDUCATION

#### High School

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_

Number of years attended: \_\_\_\_\_

Did you graduate?  Yes  No Date of graduation: \_\_\_\_\_

#### Trade School

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_

Number of years attended: \_\_\_\_\_

Did you graduate?  Yes  No Date of graduation: \_\_\_\_\_

#### College

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_

Number of years attended: \_\_\_\_\_

Did you graduate? [ ] Yes [ ] No Date of graduation: \_\_\_\_\_

What degree did you earn? \_\_\_\_\_

Beginning with your most recent employment and working back in time, please give the following information:

**Employer 1**

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

**Employer 2**

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

**Employer 3**

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

**PERSONAL REFERENCES**

**Provide the names of two references who have not employed you and are**

**not related to you.**

**Reference 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Reference 2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Drivers Qualifications

Drivers License No. \_\_\_\_\_ State \_\_\_\_\_

Please list all accidents and violations you have been involved in (even if you were not at fault), in the past five years.

| Description | Date  | Where |
|-------------|-------|-------|
| _____       | _____ | _____ |
| _____       | _____ | _____ |

### ADDITIONAL QUALIFICATIONS

Please tell us about any other training, education, skills or achievements that you feel should be considered.

Class B CDL \_\_\_\_\_

Tow Motor Cert. \_\_\_\_\_

Other \_\_\_\_\_

My answers are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge.

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

Applicant's Signature: \_\_\_\_\_