

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

TODAY'S DATE:

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	REFERRED BY (IF APPLICABLE)		

EMPLOYMENT DESIRED

POSITION DESIRED	START DATE	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES NO		
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.A.? YES NO		
EVER APPLIED TO THIS COMPANY BEFORE? YES NO		

EXPERIENCE/CERTIFICATIONS/LICENCES (IF APPLICABLE)

FORMER EMPLOYERS

DATES	NAME & ADDRESS OF FORMER EMPLOYER	FORMER POSITION	FORMER SALARY	REASON FOR LEAVING
START				
TO				
START				
TO				
START				
TO				

{CONTINUED ON BACK}

EDUCATION

	NAME & LOCATION OF SCHOOL	YEARS	DID YOU GRADUATE?
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL			

REFERENCES

NAME	MAILING ADDRESS (OPTIONAL)	PHONE NUMBER	COMPANY/EMPLOYER

Disclaimer and Signature

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without cause, and with or without prior notice at the option of the company or myself.

Signature

Date