



## APPLICATION FOR EMPLOYMENT

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Date:

Name:

Last

First

Middle

Address:

Street

City

State

Zip

Phone No.

Are you 18 years or older? Yes No

Can you, after employment, submit verification of your legal right to work in the United States?

Yes No

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### EMPLOYMENT DESIRED

Position/Number

Can you relocate if necessary? Y N

Date you can start

Desired Salary

Are you employed now? Y N

If so, may we inquire of your present employer? Y N

Have you applied to this Company before? Y N When?

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### EDUCATION

Name and Location of School / No. of Years Attended / Subjects Studied (where applicable)

Grammar School

High School

College

Trade or Business  
School

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Have you been convicted of a felony or misdemeanor within the last 5 years? Yes No

A Conviction does not automatically disqualify you for employment.

**GENERAL**

Subjects of special study or research work

U.S. Military or Naval Service

Rank

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**FORMER EMPLOYERS**

(List your past employers below)

Date (Month and Year)	Name and Phone No. of Employer	Salary	Position You Held	Reason for Leaving
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**REFERENCES**

Give the names of 3 persons, not related to you, who would be willing to provide professional and/or character references for you:

<u>Name</u>	<u>Address</u>	<u>Business</u>	<u>Years Acquainted</u>
1.			
2.			
3.			



### Background Check Authorization Form

I understand and agree that the following tests may be conducted for purposes of employment, promotion, reassignment and retention:

- Criminal Record Check
- Pre-employment Substance Screening
- Driving DMV Driving Record
- \*Credit Report

\*Disclosure and authorization pursuant to the Fair Credit Reporting Act  
Pursuant to the Federal Fair Credit Reporting Act (15 U.S.C. §1681), you are on notice that we may obtain a consumer report (Credit Report) in conjunction with your employment application and/or decisions concerning your employment status with us.

Your signature at the bottom of this notice is authorization for us to obtain and consult your consumer report from a consumer reporting agency in making employment determinations, including but not limited to employment, promotion, reassignment, and retention.

Your signature indicates that you have read this disclosure and authorization and that you affirm all representations made herein.

\_\_\_\_\_  
Signature of Applicant/Employee

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

\_\_\_\_\_  
Name of Applicant/Employee

Date of Birth: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_