

Instructions & Checklist Employment Application

This package contains: (1) Instructions and Checklist for the Employment Application; (2) Employment Application.

This application makes assertions regarding the company's practice of providing equal employment opportunities; review your company's policy to ensure its accuracy.

The applicant should sign the employment application.

If the applicant is hired, a copy of their employment application should be kept with their other employment records.

Laws vary from time to time and from state to state. These forms are not intended to be and are not a substitute for legal advice. Employers should consult with their attorneys before using this application to ensure that it complies with all laws.

The purchase and use of these forms is subject to the "Disclaimers and Terms of Use" found at findlegalforms.com.

APPLICATION OF EMPLOYMENT

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

POSITION APPLYING FOR: _____

PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Current Address:

Street and Apt. # _____ City _____ State _____ Zip Code _____

Permanent Address (if different from above):

Street and Apt. # _____ City _____ State _____ Zip Code _____

Telephone: _____ E-mail: _____

Social Security #: _____ - _____ - _____ Driver's License #: _____ State: _____

Date of Birth: _____

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis:

Yes No

Are you willing to do drug and alcohol testing: Yes No

Have you ever been convicted of a crime in the past seven years (you are not obligated to disclose sealed or expunged criminal records)? Yes No

If you answered yes, please explain:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? _____ YES _____ NO

Have you ever served in the U.S. Military? Yes No

If yes, please provide the following information:

Branch of Service: _____ Rank at time of separation: _____

I served from _____ to _____.

Special Honors: _____

Last Name: _____ First Name: _____ Middle Initial: _____

EMPLOYMENT HISTORY:

Present or Most Recent Employer

Employer: _____ Address: _____
Your Position: _____ Salary: _____
Duties: _____
Dates of Employment: _____ to _____
Supervisor: _____ May we contact? Yes No
Name Title
Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____
Your Position: _____ Salary: _____
Duties: _____
Dates of Employment: _____ to _____
Supervisor: _____ May we contact? Yes No
Name Title
Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____
Your Position: _____ Salary: _____
Duties: _____
Dates of Employment: _____ to _____
Supervisor: _____ May we contact? Yes No
Name Title
Reason for leaving: _____

Last Name: _____ First Name: _____ Middle Initial: _____

EDUCATION

High School

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

If you did not graduate, did you receive your GED? Yes No

Special honors or awards: _____

Technical or Vocational School

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

Last Name: _____ First Name: _____ Middle Initial: _____

POSITION INFORMATION:

Position Specifications

Position Applying For: _____

How did you hear about this job? _____

What hours are you willing to work? _____

Would you be able to work weekends? **Yes** **No**

Are you willing to travel for the job? **Yes** **No**

When would you be able to start? _____

Desired salary: _____ per _____

Skills

Please describe any skills you have in the following areas:

Computer:

Languages Spoken (other than English):

Other:

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____ **Date** _____