

APPLICATION FOR EMPLOYMENT

DATE: _____

NAME: _____
Last
First
Middle initial

CURRENT ADDRESS: _____
Street address
Apartment number

_____ City State Zip

TELEPHONE NUMBER: () _____ CELL PHONE NUMBER: () _____

EMAIL ADDRESS: _____

Are you 18 years of age or older? _____ yes _____ no If not, state your age: _____
 If not, do you have the required working papers? _____ yes _____ no

Are you a US citizen or do you have a legal right to work in the United States? _____ yes _____ no

Have you ever been known by any other names that this company will require to verify any of the information on this application? _____

Have you ever been convicted of a crime? _____ yes _____ no
 If yes, please explain. _____

EMPLOYMENT DESIRED

Position applying for: _____ Date you can start: _____

Salary requested: _____ Full-time _____ Part-time _____ Shift Work _____ Seasonal _____

Are you employed now? _____ If so, may we contact your present employer? _____

Have you ever applied to this company before? _____ Where? _____ When? _____

Education	Name of School	City, State	Number of Years Attended	Subjects Studied or Degree(s) Obtained
High School				
College				
Trade, Business or Technical School				

Subjects of special study, certifications, licenses, endorsements or research work: _____

U.S. Military Service (optional) _____ Rank _____

Other training or skills (manufacturing or office machines operated, special courses, computer skills, etc.) _____

We are an Equal Opportunity Employment company. We are dedicated to a policy of non-discrimination in employment on any basis including: race, creed, color, age, sex, sexual orientation, national origin, disability, marital status, military status, genetic predisposition or arrest and conviction records. The New York State Human Rights Law prohibits discrimination based on an applicant's military service in the Armed Forces of the United States or a State Militia.

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EMPLOYMENT HISTORY

Former Employment: (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name: _____ Job Title: _____

Address: _____

Number Street City State Zip

Telephone Number () _____

Start Date: ____/____/____ End Date: ____/____/____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____

Number Street City State Zip

Telephone Number () _____

Start Date: ____/____/____ End Date: ____/____/____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____

Number Street City State Zip

Telephone Number () _____

Start Date: ____/____/____ End Date: ____/____/____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address & Telephone Number	Business	Years Acquainted

I hereby give authorization to check the references given in this application. I understand that misrepresentation or omission of facts called for will not be interpreted in my favor.

Signature _____

_____ Date