

Employer Name: _____

Position Applied For: _____

Date of Application: _____

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Your Name: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

Home Address: _____
(STREET)

(CITY) (STATE) (ZIP)

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA?

Yes How: _____

No

(If yes, verification will be required)

Home Phone #: _____

Cell Phone #: _____

Email Address: _____

AVAILABILITY (DESIRED WORKING HOURS)

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____ Sunday _____

Thursday _____

PREVIOUS RESIDENCES (List all prior residences for the last 10 years)

(Address) (Years there)

(Address) (Years there)

(Address) (Years there)

EDUCATION

Name of Institution

Start-Finish

Graduate or Degree

High School: _____

College: _____

Other: _____

EMPLOYMENT HISTORY (Complete History For Last 10 years)

Employer Name and Address		Position Title/Duties	
Supervisor's Name:		Telephone:	Date Employed (start - end):
Starting Salary:		Ending Salary:	Other Compensation:
Reason for Leaving:			

Employer Name and Address		Position Title/Duties	
Supervisor's Name:		Telephone:	Date Employed (start - end):
Starting Salary:		Ending Salary:	Other Compensation:
Reason for Leaving:			

Employer Name and Address		Position Title/Duties	
Supervisor's Name:		Telephone:	Date Employed (start - end):
Starting Salary:	Ending Salary:	Other Compensation:	
Reason for Leaving:			

CRIMINAL RECORD

Have you been convicted of, plead guilty or otherwise adjudicated for a criminal offense:

Yes No

Date: _____

Offense: _____

Disposition: _____

Explanation: _____

Date: _____

Offense: _____

Disposition: _____

Explanation: _____

REFERENCES: List two professional references (direct supervisors preferred). No relatives.

Name	Address	Telephone	Occupation	Yrs. Known

ADDITIONAL INFORMATION

Use the space below to summarize any additional information you feel necessary to describe your full qualifications:

HOW DID YOU HEAR ABOUT US

<input type="checkbox"/> Internet Posting	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Career Fair	<input type="checkbox"/> Referral
<input type="checkbox"/> Hcareers.com			Name of Referral: _____
<input type="checkbox"/> Monster.com			Relationship with Referral: _____
<input type="checkbox"/> Other: _____			Years known: _____

CERTIFICATION

Information to the applicant: As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION THAT I PROVIDED ABOVE IS TRUE.

(Signature)

(Date)

Background Information Form

Authorization for Release of Information

I hereby authorize all credit agencies, educational institutions, former employers, persons, law enforcement agencies, military service agencies and the department of motor vehicles to release information they may have about me to *Employer* or their agents and release them from any liability or responsibility from doing so. Further, I authorize procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation.

Print Name

Date of Birth

Street address

Social Security #

City, State, Zip

Birth or other Name(s) Used

Signature

Date of Signature