

**Sample Employment Application Form**

**APPLICATION FOR EMPLOYMENT**

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

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<b>PLEASE COMPLETE PAGES 1-5</b>	<b>DATE</b>
Name _____	
Last	First
Middle	Maiden
Present address _____	
Number	Street
City	State
Zip	
How Long _____	Social Security No. _____ - _____ - _____
Telephone (____) _____	
If under 18, please list age _____	Days/hours available to work
Position applied for (1)	Mon ____ Tues ____ Wed ____ Thurs ____
and salary desired (2)	Fri ____ Sat ____ Sun ____ No Pref ____
(be specific)	
How many hours can you work weekly? _____	Can you work nights? _____
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL-OR PART-TIME	
When available for work?	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work?

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur

Expiration Date \_\_\_\_\_

Have you had any accidents during the past three years? How many?

Have you had any moving violations during the past three years? How many?

**OFFICE ONLY**

Yes

Yes

Word

Yes

Typing

No

\_\_\_\_\_ WPM

10-key

No

Processing

No

\_\_\_\_\_ WPM

Personal

Yes

PC

Other

Computer

No

Mac

Skills

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the position for which you are applying.

**APPLICATION FOR EMPLOYMENT**

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specialty	Date Entered	Discharge Date

**Work Experience**      Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer Address, City, State, Zip Code, Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer Address, City State, Zip Code Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Reason for leaving (be specific)			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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List the jobs you held, duties performed, skills used or learned, advancement or promotion while you worked at this company.

May we contact you present employer?       Yes       No

Did you complete this application yourself?       Yes       No

If not, who did? \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by \_\_\_\_\_ (hereinafter called "the Company"). I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of \_\_\_\_\_, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the Company and \_\_\_\_\_ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of and such report requested by it, as required by the Fair Credit Reporting Act.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.