Employment Application

Position applying for: _____

EMPLOYEE INFORMATION

Name: _____
Last First Middle

Telephone: _____ Email: _____ Alternate telephone: _____

Address: _____

Are you able to perform the essential functions of the position with or without accommodations?
☐ Yes ☐ No

If necessary for the job are you older than:
☐ 14 ☐ 15 ☐ 16 (Check one)
☐ 18 ☐ 19 ☐ 21

I am legally eligible for employment in the U.S.?
☐ Yes ☐ No

I am seeking a permanent position: ☐ Yes ☐ No

I will be able to report to work _____ days after being notified I am hired.

If necessary for the job, I am able to:

Work overtime? ☐ Yes ☐ No

Provide a valid Driver's License? ☐ Yes ☐ No

If so, fill out the following: Issuing state: _____

Type: _____

Endorsement(s): ☐ Hazardous Material ☐ Passengers ☐ Tankers ☐ Tank with Hazardous Materials ☐ School Bus ☐ Double/Triple trailers

Work the following shifts: (check all that apply)
☐ Any ☐ Day ☐ Night ☐ Swing ☐ Rotating ☐ Split Other: _____

EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: $			
Per:	Supervisor: Telephone:		
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: $			
Per:	Supervisor: Telephone:		
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: $			
Per:	Supervisor: Telephone:		
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: $			
Per:	Supervisor: Telephone:		

Summarize other employment related to this job:

EDUCATION

	Institution name	Years completed	Field of study	Graduate or degree
High school				
College/university				
Business/technical				
Additional				

MILITARY

Are you a veteran? ☐ Yes ☐ No

Duty/specialized training: _____

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

Typing speed: _____ per minute

REFERENCES

List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known
Name	Address	Telephone	Occupation	Years known

CONTACT

In case of accident or illness, please contact: Name: _____ Daytime phone: _____

Address: _____ Relationship: _____

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. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant Date

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.