

## EMPLOYMENT APPLICATION

Application Date: \_\_\_\_\_

This company is an equal opportunity employer and will not discriminate in the hiring process because of sex, religion, race, color, age, national origin, or disabilities.

### PERSONAL INFORMATION

Last Name	First	Middle	Home Phone (    )
Street Address			Cell Phone (    )
City, State, Zip			email
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible for employment in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### EMPLOYMENT INTEREST

Position: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Date you can start? \_\_\_\_\_ Can you work overtime if necessary?  Yes  No

Have you ever applied for employment with this company before?  Yes  No If yes, when \_\_\_\_\_

### EDUCATION AND TRAINING

School	Name and Location of School	Course of Study	No. Years Completed	Did you Graduate?	Degree or Diploma
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or Business				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
License or Certificate Training				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Special Training					

## EMPLOYMENT HISTORY

*(list below last three employers, starting with last one first)*

Company Name	Employed (state Mo and Year) From                      To
Address and Telephone	Pay or Salary
State Job Title and Describe Your Work _____	Reason for Leaving

Company Name	Employed (state Mo and Year) From                      To
Address and Telephone	Pay or Salary
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Company Name	Employed (state Mo and Year) From                      To
Address and Telephone	Pay or Salary
State Job Title and Describe Your Work _____	Reason for Leaving

## MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces?     Yes     No

Date of Entry \_\_\_\_\_                      Branch of Service \_\_\_\_\_

Date of Discharge \_\_\_\_\_                      Final Rank \_\_\_\_\_

Indicate service school attended or special training received \_\_\_\_\_

## REFERENCES

*(Do not list Relatives or Former Employers)*

Name & Address	Telephone	Years Known	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CERTIFICATE OF APPLICANT**

I HEREBY ATTEST that all statements made in this application are true and correct to the best of my knowledge. I understand and agree that any deception, fraud or my providing false or misleading statements of material facts in this application or examination process may cause the forfeiture of all rights to any employment or immediate termination if discovered after starting employment. I understand any offer of employment is contingent on results of a background check and drug test results.

Signature of Applicant \_\_\_\_\_