

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

Name: (Please Print Whole Name) \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate or Emer. Phone: \_\_\_\_\_

Current E-Mail Address: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_ If not, do you have a "Green Card" or Work Visa? \_\_\_\_\_

WDL#: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Are you legally licensed to drive right now? \_\_\_\_\_ Do you own a vehicle? \_\_\_\_\_

Do you have any issues that would that would affect being insured to drive? \_\_\_\_\_

If so, Explain: \_\_\_\_\_

Have you ever injured your back? \_\_\_\_\_ Do you have any physical limitations that would prevent you from performing the work for which you are being considered? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Do you have a criminal record? \_\_\_\_\_, If so, explain \_\_\_\_\_

Do you have a spouse? \_\_\_\_\_ Children/child living with you? \_\_\_\_\_

Do you have pets? \_\_\_\_\_ Do you smoke? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Date you could start this job: \_\_\_\_\_

What length of time/stay commitment do you think you could make to this job? \_\_\_\_\_

Do you have experience with this type of work? \_\_\_\_\_ Explain: \_\_\_\_\_

Reason for applying: \_\_\_\_\_

EMPLOYMENT HISTORY: (Beginning with latest or present job)

Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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PERSONAL REFERENCES: (Please do not list relatives)

Name: \_\_\_\_\_

Relation to you (i.e., friend, family, etc.): \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to you (i.e., friend, family, etc.): \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

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PREVIOUS RESIDENCES: (Please list the last two)

Name Landlord (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

How long you lived at this address: \_\_\_\_\_ Owned, or rented, or lived with family (circle 1)

Name Landlord (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

How long you lived at this address: \_\_\_\_\_ Owned, or rented, or lived with family (circle 1)

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REMARKS: \_\_\_\_\_

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I hereby declare that the information I have given is true, to the best of my knowledge. I understand that my employment is conditional, subject to verification of my references.

Signature \_\_\_\_\_ Date \_\_\_\_\_