

# ***SpecPrint***

## APPLICATION FOR EMPLOYMENT

TO APPLICANT: Federal and State Laws require that all applications be considered without regard to race, religion, color, sex, age or national origin.

**PERSONAL** (PLEASE PRINT) DATE: \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Referred by: \_\_\_ Our Ad. \_\_\_ Emp. Agency \_\_\_ Friend or Relative

Position applied for: \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_ Rate of pay desired \_\_\_\_\_

Are you available to work \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Weekends \_\_\_ Evenings

Specify days/hours available \_\_\_\_\_

Have you filed an application here before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives working for us \_\_\_\_\_

Do you have a valid Drivers License \_\_\_ Yes \_\_\_ No

State of Issue \_\_\_\_\_ Points \_\_\_\_\_ Ever suspended or revoked? \_\_\_\_\_

Have you ever been convicted of a crime within the past ten years (excluding misdemeanors and traffic offenses)? \_\_\_ Yes \_\_\_ No If yes, list convictions \_\_\_\_\_

Do you have any physical limitations that preclude you from performing any work for which you are being considered? (if yes, please describe) \_\_\_\_\_

### EDUCATION

	NAME & LOCATION OF SCHOOL	NO OF YRS COMPLETE	DID YOU GRADUATE
COLLEGE			
HIGH SCHOOL			
ELEMENTARY			
OTHER			

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name	Telephone ( )
Address	Employed (State Month & Year)
City                      State                      Zip	From                      to
Name of Supervisor	Weekly Pay: Start                      Last
Job Title & Describe your work	Reason for Leaving:

Company Name	Telephone ( )
Address	Employed (State Month & Year)
City                      State                      Zip	From                      to
Name of Supervisor	Weekly Pay: Start                      Last
Job Title & Describe your work	Reason for Leaving:

Company Name	Telephone ( )
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City                      State                      Zip	From                      to
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City                      State                      Zip	From                      to
Name of Supervisor	Weekly Pay: Start                      Last
Job Title & Describe your work	Reason for Leaving:

**We will contact the employers listed above unless you indicated those you do not wish us to contact and the reason.**



## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release the Company from any liability in connection with its research. I understand that this application is not, and is not intended to be , a contract of employment.

In the even of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I would be required to abide by the rules and regulations of the Company.

I acknowledge that employment if offered, is employment at will and that the employee is subject to termination at any time at the discretion of the employer without liability, except for payment of salary or wages earned up to the date of termination.

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Signature of Applicant

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Date