

Employee Application



PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	DATE:
STREET ADDRESS:		PHONE:
CITY:	STATE:	ZIP:
IF REQUIRED FOR THE POSITION DO YOU HAVE A VALID DRIVERS LICENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HIRED, DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE YOU REFERRED BY A CURRENT EMPLOYEE? IF YES, WHAT IS THEIR NAME?

EMPLOYMENT INTERESTS

POSITION DESIRED:	DATE AVAILABLE TO START:	SALARY OR HOURLY WAGE DESIRED:
TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> REGULAR <input type="checkbox"/> FULL-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME	LIST DAYS AND HOURS AVAILABLE FOR WORK:	ARE YOU AVAILABLE TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

SCHOOL LEVEL	SCHOOL NAME AND LOCATION	COURSE OF STUDY	DID YOU GRADUATE?	CERTIFICATE OR DEGREE EARNED
HIGH SCHOOL				
COLLEGE / UNIVERSITY				
POST-GRADUATE				
BUSINESS / TRADE / TECHNICAL				

REFERENCES

NAME OF REFERENCE	TITLE AND COMPANY	PHONE NUMBER OR EMAIL ADDRESS	WORKING RELATIONSHIP TO THIS PERSON

EMPLOYMENT INFORMATION (START WITH MOST RECENT EMPLOYER)

1	COMPANY NAME:	DATES EMPLOYED:	POSITION:
	DUTIES:		REASON FOR LEAVING:
2	COMPANY NAME:	DATES EMPLOYED:	POSITION:
	DUTIES:		REASON FOR LEAVING:
3	COMPANY NAME:	DATES EMPLOYED:	POSITION:
	DUTIES:		REASON FOR LEAVING:

BY SIGNING, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. I UNDERSTAND THAT THE FALSIFICATION OF THIS INFORMATION MAY PREVENT ME FROM BEING HIRED OR LEAD TO MY DISMISSAL IF HIRED. I ALSO PROVIDE CONSENT TO FORMER EMPLOYERS TO PROVIDE WORK REFERENCES.

APPLICANT SIGNATURE

DATE