

# Employment Application



Applicant Information										
Full Name:					Date:					
<i>Last</i>				<i>First</i>			<i>M.I.</i>			
Address:					<b>DRIVERS LICENSE #</b>					
<i>Street Address</i>					<i>Apartment/Unit #</i>					
<i>City</i>					<i>State</i>		<i>ZIP Code</i>			
Phone: ( )			Date of Birth							
Date Available:		Social Security No.:			Desired Salary:		\$			
Position Applied for:										
Are you a citizen of the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Have you ever been convicted of a felony?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
If yes, explain:										

Education									
High School:			Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
College:			Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:			Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	

References									
<i>Please list three professional references.</i>									
Full Name:					Relationship:				
Company:					Phone: ( )				
Address:									
Full Name:					Relationship:				
Company:					Phone: ( )				
Address:									
Full Name:					Relationship:				
Company:					Phone: ( )				
Address:									

# Employment Application



Previous Employment									
Company:					Phone: ( )				
Address:					Supervisor:				
Job Title:			Starting Salary: \$			Ending Salary: \$			
Responsibilities:									
From:		To:		Reason for Leaving:					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company:					Phone: ( )				
Address:					Supervisor:				
Job Title:			Starting Salary: \$			Ending Salary: \$			
Responsibilities:									
From:		To:		Reason for Leaving:					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company:					Phone: ( )				
Address:					Supervisor:				
Job Title:			Starting Salary: \$			Ending Salary: \$			
Responsibilities:									
From:		To:		Reason for Leaving:					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company:					Phone: ( )				
Address:					Supervisor:				
Job Title:			Starting Salary: \$			Ending Salary: \$			
Responsibilities:									
From:		To:		Reason for Leaving:					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Military Service									
Branch:					From:		To:		
Rank at Discharge:				Type of Discharge:					
If other than honorable, explain:									
Disclaimer and Signature									
<p><i>I certify that my answers are true and complete to the best of my knowledge.</i></p> <p><i>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</i></p>									
Signature:							Date:		



**Safety & Health Evaluation Form**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee SSN: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Have you ever been injured on any job?  Yes  No

\*If yes, please describe your injury and how the injury occurred.

What was the date of the injury? \_\_\_\_\_

Does the injury still give you physical problems?  Yes  No

Have you ever collected workers compensation?  Yes  No

Are you taking any medication at this time for any medical condition?  Yes  No

\*If yes, please give a detailed explanation.

Have you been provided any type of OSHA, or any other safety and health training at any of your previous employers? If Yes, please list all training with year.