



# Full Employment History (Must be completed even when accompanied by resume)

Start with your present or last job. Include ALL assignments and positions held. Be specific about information and dates.

A COMPLETE WORK HISTORY MUST BE PROVIDED. ALL EMPLOYMENT "GAPS" MUST BE LISTED.

|  |                    |            |   |
|--|--------------------|------------|---|
| Employer   | Dates Employed     |            | <b>Summary of Work<br/>Performed</b><br><i>&amp; Job Responsibilities</i> |
|  | From (Mo/Yr)       | To (Mo/Yr) |   |
| Address (Street, City and Zip)   |                    |            |   |
|  | Phone:             |            |   |
| Job Title  | Hourly Rate/Salary |            |   |
|  | Starting           | Final      |   |
| Supervisor   |                    |            |   |
| Resigned <input type="checkbox"/> Terminated <input type="checkbox"/><br>State Reason: |                    |            |   |

|  |                    |            |   |
|--|--------------------|------------|---|
| Employer   | Dates Employed     |            | <b>Summary of Work<br/>Performed</b><br><i>&amp; Job Responsibilities</i> |
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| Resigned <input type="checkbox"/> Terminated <input type="checkbox"/><br>State Reason: |                    |            |   |

# Special Skills and Qualifications

Summarize special skills and qualifications

\_\_\_\_\_ Typing \_\_\_\_\_ WPM

List any professional, trade, business or civic activities and offices held

Computer skills (list programs and proficiency level)

## Education Information

| SCHOOLING                    | YEARS COMPLETED | DEGREE REC. & MAJOR SUBJECT | SCHOOL | LOCATION | DID YOU GRADUATE? |
|------------------------------|-----------------|-----------------------------|--------|----------|-------------------|
| GRAMMAR OR HIGH SCHOOL       |                 |                             |        |          |                   |
| TRADE BUS. OR CORRESPONDENCE |                 |                             |        |          |                   |
| COLLEGE                      |                 |                             |        |          |                   |
| GRADUATE SCHOOL              |                 |                             |        |          |                   |

**Honors Received:** \_\_\_\_\_

## Military Service

|                                     |                                |                   |
|-------------------------------------|--------------------------------|-------------------|
| Branch of Service and Serial Number | Present Service Classification | Rank at Discharge |
| List Duties/Special Training        |                                |                   |

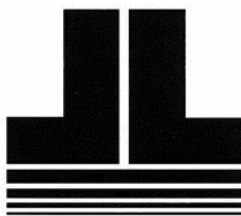
## Agreement

The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application or any other employment form may lead to dismissal or denial of employment. A criminal record or sentence is not automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment, if required. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment.

I understand that if my application is accepted, that employment with this company at all times is employment "at will". It is further understood that this "at will" relationship may not be changed except by a written instrument signed by an authorized officer of the company. I further understand that my "at will" employment may be terminated at any time by myself or the company and includes no guarantee, contract, or promise of employment for any specific length of time. I understand that the first ninety (90) days of employment is a new hire introductory period.

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

\_\_\_\_\_  
**Date**



## Personal Information

Application Date \_\_\_\_\_ Position(s) Applied For \_\_\_\_\_

Salary Expectation \_\_\_\_\_ First date available for work \_\_\_\_\_

Are you available to work  Full-time  Part-time  Weekends  Seasonal

Times available for work (please indicate whether "a.m." "p.m." or "any")

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
|        |        |         |           |          |        |          |

How were you referred to us? \_\_\_\_\_

Have you filed an application here before?  Yes  No If yes, date/location \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, date/location \_\_\_\_\_

Are you employed now?  Yes  No May we contact your employer?  Yes  No

Does your present employer know of your plans to change employment?  Yes  No

Why do you desire to make a change? \_\_\_\_\_

Have you ever been discharged or requested to resign from a position?  Yes  No

If yes, explain. \_\_\_\_\_

How much times have you lost from work during the last 12 Months? \_\_\_\_\_

Do you have reliable transportation to work?  Yes  No

Can you travel if a job requires it?  Yes  No

Are you legally eligible to work in the United States?  Yes  No

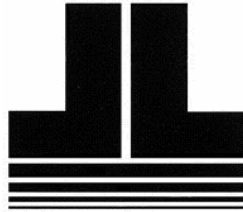
*(Proof of citizenship or immigration status & identity is required upon employment)*

Have you ever been a defendant in a civil suit on an intentional tort (assault, battery, false imprisonment, invasion of privacy, intentional infliction of emotional distress, intentional wrongful death)? *(Answering yes is not an automatic bar to employment)*  Yes  No

**Have you ever been convicted of or received a sentence for a crime(s) other than a minor traffic violation?** *(Answering yes is not an automatic bar to employment)*  Yes  No

If yes, list date, courthouse and place where offense(s) occurred \_\_\_\_\_

Do you have a valid driver's license?  Yes  No List State \_\_\_\_\_



List three things that are important to you in your work environment 1) \_\_\_\_\_

2) \_\_\_\_\_ 3) \_\_\_\_\_

Why do you want to work here? \_\_\_\_\_

Business References:

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

If this is a current employer may we contact them? Yes \_\_\_\_\_ No \_\_\_\_\_

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Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

If this is a current employer may we contact them? Yes \_\_\_\_\_ No \_\_\_\_\_

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Name \_\_\_\_\_

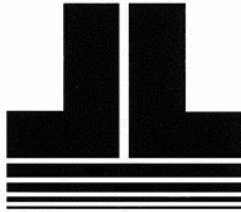
Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

If this is a current employer may we contact them? Yes \_\_\_\_\_ No \_\_\_\_\_



## Personal References:

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

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Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

---

---

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

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Copy A – Sign and Return this Page for Filing

**DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS OR  
INVESTIGATIVE CONSUMER REPORTS**

For employment purposes, the Company may obtain consumer reports on you as an applicant or from time to time during employment. “Consumer reports” are reports from consumer reporting agencies and may include driving records, criminal records, etc.

For such employment purposes, the Company may also obtain investigative consumer reports. Some reference checks by a consumer reporting agency fall into this category. An “investigative consumer report” is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances or others. You have a right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights.

**AUTHORIZATION**

**I authorize the Company to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes.**

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

Print Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_ State: \_\_\_\_\_

Other Driver’s Licenses Held in Past 5 Years: \_\_\_\_\_

Print Maiden or Other Names Under Which Records May be Listed: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth (to be used only for proper identification): \_\_\_\_\_

If the Company requests and investigative consumer report and you would like to receive a disclosure of the nature and scope of the investigation and a written summary of consumer rights, check here:

Copy B – Applicant/Employee Keeps this Page

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