



Name: (Last name first): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Employment Position Desired**

Position: \_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed?  Yes  No

If so, may we contact your current employer?  Yes  No

**Education History**

Name and location of school      yrs.attended      Did you graduate?

Subjects studied

High School

College

College

Trade School

**General Information**

Please note any subjects of special interest/research work or special training/skills

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with a felony?  Yes  No

If so, for what \_\_\_\_\_

**Former Employers:** list below last four employers, starting with last one first

Date-From/To \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

Salary \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Date-From/To \_\_\_\_\_  
Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Salary \_\_\_\_\_ Position \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Date-From/To \_\_\_\_\_  
Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Salary \_\_\_\_\_ Position \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Date-From/To \_\_\_\_\_  
Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Salary \_\_\_\_\_ Position \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Character Reference-** Please list three people below to whom you are not related too and have known for at least one year.

Name	Phone	Affiliation	Years known
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed and authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

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