

Employment Application Form



Name _____

Date _____

Address _____

Phone _____

City _____ State/Zip _____

Social Security # _____

YES NO Are you 18 years or older? If no, can you provide a work permit, if necessary?

YES NO Can you work weekends and evening shifts?

YES NO Did you complete high school?

YES NO Are you willing to undergo a drug screen?

YES NO Did you complete college? If yes, field: _____

YES NO Have you ever been disciplined or fired from a job? If yes, explain _____

YES NO Do you have special licensing or certifications? If yes, field _____

YES NO Can you travel, if required?

YES NO Can you provide proof of legal right to work in this country?

YES NO Have you ever been convicted of a felony within the 7 years? (A yes or no answer to this question does not necessarily disqualify applicant from employment.)

YES NO Do you speak English?

YES NO Have you worked for this company before?

YES NO Other languages? If yes, which ones: _____

YES NO Have you filled out an application to work for this company before?

YES NO Can you work in a non-smoking environment?

YES NO Are you related to an employee of this company?

Former Employers:

Begin with your present or last work experience. Include volunteer work experiences.

COMPANY _____

Employed from _____ to _____

Address _____

City _____ State/Zip _____

Last position title _____

Salary start _____ ending _____

Reason for leaving _____

Hours worked/week _____

Immediate Supervisor _____

Phone _____

Duties, responsibilities and number you supervised _____

COMPANY _____

Employed from _____ to _____

Address _____

City _____ State/Zip _____

Last position title _____

Salary start _____ ending _____

Reason for leaving _____

Hours worked/week _____

Immediate Supervisor _____

Phone _____

Duties, responsibilities and number you supervised _____

COMPANY _____

Employed from _____ to _____

Address _____

City _____ State/Zip _____

Last position title _____

Salary start _____ ending _____

Reason for leaving _____

Hours worked/week _____

Immediate Supervisor _____

Phone _____

Duties, responsibilities and number you supervised _____

Additional Job History:

Company _____ Position _____ Date _____
Company _____ Position _____ Date _____
Company _____ Position _____ Date _____

Additional Job History References:

Do you have other work experience not listed? YES NO

If yes, list: _____

Armed Forces Work Experience:

From _____ To _____

Immediate supervisor _____

Mean of contacting this supervisor _____

Duties, responsibilities and number you supervised _____

My initials, _____, indicated my willingness for you to talk with this prior employer.

Skills:

Do you have experience in the following:

___ Recordkeeping	___ General Ledger	___ Dictaphone	___ Computer
___ Bank Reconciliation	___ Trial Balance	___ 10-Key	___ Cash Register
___ Accounts Receivable	___ Financial Statements	___ Calculator	___ Lotto Machine
___ Accounts Payable	___ Full Charge Bookkeeper	___ Statistical Typing	___ Payroll
___ PBX/Switchboard	Typing Speed _____	Other _____	

Driving Experience/Qualifications:

Driving Experience and Qualifications: _____

Driver's License:	State	License Number	License Type	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ___ Yes ___ No

Has any license, permit, or privilege ever been suspended or revoked? ___ Yes ___ No

Can you provide your driving record from the Department of Motor Vehicles, if employed? ___ Yes ___ No

Applicant's Agreement:

I UNDERSTAND AND AGREE THAT:

1. If misrepresent or deliberately leave out a fact in my application, I may be refused employment or if employed, I may be terminated.
2. The company may verify all the information provided by me, including but not limited to, education and employment, or I may procure or have prepared an investigative consumer credit and/or police report for this purpose. I release from liability all persons or entities supplying or collecting such information.
3. If employed, I may terminate my employment at any time without notice or cause, and the Company may terminate or modify the relationship at any time without notice or cause. I agree to conform to the rules and regulations of the Company and I understand that no department head or representative of the Company, other than the president or a designated officer of the Company, has the authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the agreement.
4. I understand and voluntarily agree, as a condition of employment or my continued employment, that I may be requested by the Company to submit to a urinalysis, drug screen, and/or other test and that my failure to take such test (s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in immediate termination.
5. Although management attempts to accommodate individual circumstances, including religious observance requirements, business needs may at times make the following conditions required: overtime, rotating work schedule, or work schedule that includes Saturday and Sunday.
6. If employed, I understand that my employment is for no definite period of time, and if terminated, the Company is liable only for the wages or salary earned as of the date of termination.
7. I have read and I agree to the above. I hereby certify that the facts I have provided in this employment application are true and complete.
8. If employed, I understand that I must obtain a checking or savings account for direct deposit of my payroll.

Signature: _____

Date: _____