

Personal

Date:

Name (Last, First, MI)		Social Security No.	
Date of Birth	Driver's License No.	D/L State	D/L Valid? Yes / No
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No. (Home, Mobile)	Sec Phone No. (Home, Mobile)	Referred By	

Employment Desired

Position	Date Available to start	Salary Desired
Are you employed now? Y / N	If so, may we inquire of your present employer? Y / N	Are you legally authorized to work in the U.S.? Y / N

Education History

	Name & Location of School	Years Attended	Graduated	Subjects Studied
High School			Y / N	
College / Tech Institute			Y / N	
Trade, Business, or Correspondence			Y / N	

General Information

Can you drive a manual vehicle? Yes / No	Do you have points on your License? Yes / No	Do you have any DUI/DWIs? Yes / No
Subject of Special Study / Research		
Special Training / Skills		
U.S. Military or Naval Service		Rank

Former Employers (List below last four employers, starting with last one first.)

Dates MM/YY	Employer Name & Address	Phone	Wages & Pos	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References (Give below the names of three persons not related to you, whom you have know at least one year.)

Name	City, St or Zip	Phone	Business	Years

Authorization

"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 damages 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 by an 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

DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

Date

Interviewed By

Remarks

Neatness			Character	
Personality			Ability	
Hired	For Dept.	Position	Will Report	Salary / Wages

Approved:

Office Manager

Shop Manager

Owner