

Employment Application

Applicant Information

Full Name _____ Date _____
First Name Middle Initial Last Name

Address _____
Street Address Apt/Unit City State Zip Code

Phone _____ Email _____

Date Available _____ Social Security Number _____

Desired Salary \$ _____ Position Applied for _____

Is medical Insurance Desired? Y N

Are you a citizen of the United States? Y N

If not, are you authorized to work in the U.S.? Y N

Have you ever worked for this company? Y N

If yes, when? _____

Have you been convicted of a DWI, DUI, or any other misdemeanor or felony? Y N

If yes, explain when it occurred and what the outcome was:

Have you had your driver's license for at least 3 years? Y N

Do you have any physical condition OR previous injury which may limit your ability to perform certain jobs? Y N

Do you have any physical condition OR previous injury that will affect you lifting more than 50 lbs.? Y N

If yes, explain: _____

Do you have hour restrictions that will inhibit you from working certain days or hours of the week? Y N

If yes, explain: _____

If applying for service, do you have a safe parking space to park the company vehicle? Y N

The nature of our business will require you to work overtime on an "as needed" basis and as emergencies arise.

Will you be available?

Y N

If no, explain: _____

Have you served in an apprenticeship?

Y N

If yes, where served, what trade and when: _____

Mechanical and/or Technical Experience: _____

Education

High School – Did you graduate?

Y N

Name _____ Address _____

From _____ To _____ Diploma _____

College – Did you graduate?

Y N

Name _____ Address _____

From _____ To _____ Degree _____

Other – Did you graduate?

Y N

Name _____ Address _____

From _____ To _____ Degree _____

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?

Y N

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? Y N

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? Y N

Military Service

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that drug testing is mandatory and will be administered without notice.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ **Date** _____

For Office Use Only
