



Application for Employment

Equal Opportunity Employer

Name: (last name, first name)

Present Address: (street) (city) (state) (zip)

Permanent Address: (street) (city) (state) (zip)

Telephone #: **Cell #:** **Referred By:**

Do you have a drivers license? Yes No

License class:

A B C E F

Employment Desired

Position: **Date you can start:**

Desired salary range or hourly rate of pay: \$ _____ per _____

Are you employed now? Yes No **If so, may we inquire of your present employer?** Yes No

Are you legally authorized to work in the US? Yes No

Ever applied to this company before? Yes No **When:** _____

Will you work overtime if required? Yes No **If no, please explain:** _____

How was your attendance at your previous job?

Education History

	Name & location of school	Years attended	Did you graduate?	Major/Minor
High School				
College				
Trade, business, or correspondence school				

General Information

Special training:

Special skills:

(Optional) U.S. Armed Forces service: **Rank:**

Computer skills (check all that you are proficient in):

Word Excel PowerPoint E-mail Internet

Have you worked in a job with hand, power, or air tools before? Yes No

If yes, list the tools you used:

How well can you read a tape measure?

I have no problem reading and understanding a tape measure.
I'm alright, but not proficient at reading a tape measure.
I cannot read a tape measure.

Former Employers (List below your last four employers, starting with the most recent one first.)

Day/Month/Year	Name & address of employer	Salary	Position	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 known for at least one year)

Name	Address	Business	Years known

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 the 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 my result from utilizatoin 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 no 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:

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