

Employment Application Form

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired ___FULL-TIME ONLY ___PART-TIME ONLY ___FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___No ___Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___Yes ___No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___Yes ___No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

EMPLOYEE / PROSPECTIVE EMPLOYEE AUTHORIZATION TO RELEASE INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit my current or prospective employer, (type or write company name) _____, to obtain a consumer report and/or an investigative consumer report which may include the following:

- 1. My employment records;
- 2. Records concerning any driving, criminal history, credit history, civil record, workers compensation (Post-offer only) and drug testing;
- 3. In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 3 years (CDL drivers only).
- 4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

NOTE: Except for those states where an annual release is required, i.e. California - (CALIFORNIA continuing consent concept is inapplicable and a separate authorization must be requested each time a report is ordered. CA Civ. Code 1786.22)

First Name: _____ Middle: _____

Last Name: _____ DOB: _____

Maiden Name or Alias Name Used:

- 1) _____
- 2) _____

Social Security Number: _____ Driver License Number: _____

Driver License State Issued: _____ Date Issued: _____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Position Filling (Job Title) _____

Signature: _____ Date: _____

Witness Signature: _____ Date: _____