

**PERSONAL INFORMATION**

NAME (LAST NAME FIRST)			DRIVERS LICENSE #	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PERMANENT ADDRESS		CITY	STATE	ZIP CODE
PHONE NO.		REFERRED BY		

**EMPLOYMENT DESIRED**

POSITION		DATE YOU CAN START		SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US?	
YES NO	YES NO			
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?			IF YES, WHEN?	
YES NO				

**EDUCATION HISTORY**

	NAME & LOCATION OF SCHOOL	YEAR(S) ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, ETC.				

**GENERAL HISTORY**

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT FIRST)

DATE: MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON(S) FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**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 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 may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into agreement for employment for any specific period of time, or to make any agreement contrary to the forging, unless it is in writing and signed by the 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 laws."

Signature \_\_\_\_\_ Date \_\_\_\_\_