

**APPLICATION FOR EMPLOYMENT**

NOTE : PLEASE **PRINT CLEARLY** AND FILL OUT FORM **COMPLETELY**

**I. PERSONAL INFORMATION:**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
PHONE W/ AREA CODE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
POSITION DESIRED \_\_\_\_\_ INTERESTED IN: FULL TIME \_\_\_ PART TIME \_\_\_

**2. REFERENCES:** GIVE FULL NAME, ADDRESS & PHONE NUMBER OF THREE PEOPLE WHO ARE NOT RELATED TO YOU & ARE NOT PREVIOUS EMPLOYERS:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. EDUCATION:**

HIGH SCHOOL: NAME, LOCATION & YEAR GRADUATED \_\_\_\_\_  
\_\_\_\_\_  
COLLEGE, UNIVERSITY, TRADE SCHOOL, ETC: \_\_\_\_\_  
\_\_\_\_\_

**4. GENERAL INFORMATION:**

-WHAT DID YOU LIKE BEST ABOUT YOUR PREVIOUS JOBS? \_\_\_\_\_  
-WHAT DID YOU LIKE LEAST ABOUT YOUR PREVIOUS JOBS? \_\_\_\_\_  
-DO YOU SMOKE? \_\_\_\_\_  
-IN CASE OF EMERGENCY LIST NAME, ADDRESS AND PHONE NUMBER OF A CONTACT PERSON  
\_\_\_\_\_  
\_\_\_\_\_  
-HOW MUCH FAMILIARITY DO YOU HAVE WITH FIREARMS \_\_\_\_\_  
-WHICH OFFICE MACHINES OR SOFTWARE ( SUCH AS COMPUTERS, CALCULATORS, MS WORD OR EXCEL, GRAPHICS PROGRAMS , ETC) CAN YOU EFFICIENTLY OPERATE \_\_\_\_\_  
\_\_\_\_\_  
-TYPING SPEED PER MINUTE (IF KNOWN) \_\_\_\_\_ PER MIN W/ NUMBERS \_\_\_\_\_  
-STATE ANY FURTHER INFORMATION YOU FEEL WOULD BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION  
\_\_\_\_\_  
\_\_\_\_\_

**5. EMPLOYMENT HISTORY:** START WITH YOUR CURRENT OR MOST RECENT JOB. INCLUDE MILITARY SERVICE ASSIGNMENTS AND/ OR VOLUNTEER ACTIVITIES. EXPLAIN GAPS OF NON-EMPLOYMENT.

EMPLOYER NAME \_\_\_\_\_ DATES FROM \_\_\_\_\_ TO \_\_\_\_\_  
EMPLOYER ADDRESS \_\_\_\_\_  
NAME & PHONE OF SUPERVISOR WE CAN CONTACT \_\_\_\_\_  
JOB TITLE & WORK PERFORMED \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ DATES FROM \_\_\_\_\_ TO \_\_\_\_\_  
EMPLOYER ADDRESS \_\_\_\_\_  
NAME & PHONE OF SUPERVISOR WE CAN CONTACT \_\_\_\_\_  
JOB TITLE & WORK PERFORMED \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ DATES FROM \_\_\_\_\_ TO \_\_\_\_\_  
EMPLOYER ADDRESS \_\_\_\_\_  
NAME & PHONE OF SUPERVISOR WE CAN CONTACT \_\_\_\_\_  
JOB TITLE & WORK PERFORMED \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

PERIOD OF NON-EMPLOYMENT EXPLANATION \_\_\_\_\_  
\_\_\_\_\_

I VOLUNTARILY SUPPLY MY DATE OF BIRTH AND AUTHORIZE A BACKGROUND CHECK. IF HIRED I WILL VOLUNTARILY PROVIDE MY SOCIAL SECURITY NUMBER.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE DEEMED NECESSARY TO ARRIVE AT AN EMPLOYMENT DECISION. I CERTIFY THAT I LIVE IN THE USA LEGALLY.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND ALSO THAT I AM REQUIRED TO ABIDE BY ALL THE RULES AND REGULATIONS OF THE COMPANY.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_