

Employment Application Form

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you eligible to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Employment Desired?	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Have you ever worked for this organization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hours of work (per week) desired?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain:

(Number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, and sentence(s) imposed)

Education

High School _____ Address: _____
Did you graduate? YES NO Degree: _____

College _____ Address: _____
Did you graduate? YES NO Degree: _____

Other _____ Address: _____
Did you graduate? YES NO 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? YES NO

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? YES NO

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? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Are you currently in
the Armed Forces? YES NO

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Please indicate if you have any of the following certifications:

Missouri CDL

P.O.S.T.
(if applying for the Police Dept.)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge and that intentional misrepresentations or omissions may be cause for the rejection of my application and that if hired I may be released from employment.

I understand that the company may require me to successfully complete a pre-employment drug and alcohol test as a condition of employment and that continued employment may be based on the successful completion of similar tests.

I understand that the company may as part of the hiring process request an investigative consumer report from a third party entity or agency including information concerning my character, general reputation, personal characteristics, credit records, and mode of living. I may make a written request to the company to provide me with additional information regarding the nature and scope of any such report.

I understand that employment with your company is "at will" and nothing in the interview or hiring process, this application, or your company policies are intended to create an employment contract between myself and the company. Employment may be terminated by either party at any time for any reason with or without notice.

Signature: _____ Date: _____