

**COMPANY:****APPLICATION FOR EMPLOYMENT**

ADDRESS: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

APPLICANTS: Please complete this application in its entirety. Please print clearly, and read then sign the last page. If you have any questions or concerns about the contents of this application please contact \_\_\_\_\_.

All of the following information provided in this application for employment is true, correct, and complete to the best of my knowledge. If employed, any misstatement or omission of fact on this application may result in my dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>BACKGROUND INFORMATION</b>
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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Country or State of Birth \_\_\_\_\_

Driver's license Number \_\_\_\_\_ State Issued \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_

*(If you have lived at the above address for less than 7 years, please complete the following.)*

Years \_\_\_\_\_ Previous Home Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years \_\_\_\_\_ Previous Home Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever been convicted of a felony/misdemeanor? \_\_\_\_\_ A criminal conviction may not necessarily cause immediate disqualification from the application process.

If yes, please explain \_\_\_\_\_

<b>FULL AND PART TIME EDUCATION</b>
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Campus Name: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Major: \_\_\_\_\_

Minor: \_\_\_\_\_ Degree Received: \_\_\_\_\_ Honors \_\_\_\_\_

Campus Name: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Major: \_\_\_\_\_

Minor: \_\_\_\_\_ Degree Received: \_\_\_\_\_ Honors \_\_\_\_\_

**EMPLOYMENT INFORMATION**

**MOST RECENT EMPLOYER**

**May We Contact? Y N**

Company Name \_\_\_\_\_ Co. Phone Number(\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Supervisor Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Dates Employed \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Job Title (start) \_\_\_\_\_ (end) \_\_\_\_\_  
Salary \$ (start) \_\_\_\_\_ (end) \_\_\_\_\_ (Hr, Wk, Mo.) Reason for leaving \_\_\_\_\_

**PREVIOUS EMPLOYER**

Company Name \_\_\_\_\_ Co. Phone Number(\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Supervisor Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Dates Employed \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Job Title (start) \_\_\_\_\_ (end) \_\_\_\_\_  
Salary \$ (start) \_\_\_\_\_ (end) \_\_\_\_\_ (Hr, Wk, Mo.) Reason for leaving \_\_\_\_\_

**PREVIOUS EMPLOYER**

Company Name \_\_\_\_\_ Co. Phone Number(\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Supervisor Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Dates Employed \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Job Title (start) \_\_\_\_\_ (end) \_\_\_\_\_  
Salary \$ (start) \_\_\_\_\_ (end) \_\_\_\_\_ (Hr, Wk, Mo.) Reason for leaving \_\_\_\_\_

**PREVIOUS EMPLOYER**

Company Name \_\_\_\_\_ Co. Phone Number(\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Supervisor Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Dates Employed \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Job Title (start) \_\_\_\_\_ (end) \_\_\_\_\_  
Salary \$ (start) \_\_\_\_\_ (end) \_\_\_\_\_ (Hr, Wk, Mo.) Reason for leaving \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Name: _____	Relationship: _____	Employer: _____
City/State: _____	Home Phone: _____	Work Phone: _____
Name: _____	Relationship: _____	Employer: _____
City/State: _____	Home Phone: _____	Work Phone: _____

**RELEASE AUTHORIZATION**

In connection with my application for employment, I understand that several consumer reports may be requested and may include information as to my character, work habits, credit, academic credential verification, job performance, experience, and reasons for termination. Further, I understand that you may be requesting information concerning my workers' compensation claims, motor vehicle operations history and criminal history from various private and public sources along with other public records that are available.

**I HEREBY AUTHORIZE AND RELEASE FROM ALL LIABILITY, WITHOUT RESERVATION, \_\_\_\_\_ PREMIER EMPLOYMENT SCREENING SERVICES AND ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE/FEDERAL AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER, EMPLOYEE, INSURANCE COMPANY OR PERSONS GATHERING OR FURNISHING THE ABOVE INFORMATION.**

I further acknowledge that a telephone facsimile (fax) or photographic copy of this release will be as valid as the original. According to the Fair Credit Reporting Act, I am entitled to know if employment will be and is ultimately denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be so advised by this employer and be given the name of the agency or source of information.

Print Name \_\_\_\_\_  
Last First Middle Initial

Maiden/Previous Name(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*(The age discrimination act in the employment act of 1967 prohibits discrimination in employment based on age.)*

**Applicant's Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_