

Employment Experience

Place a checkmark by the employer(s) YOU do not want us to contact. List your most recent employer first.

1. Employer

Address _____

Phone () _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting _____ final _____
Work Performed _____

Reason for Leaving _____

2. Employer

Address _____

Phone () _____

Job Title _____ Supervisor _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting _____ final _____

Work Performed _____

Reason for Leaving _____

3. Employer

Address _____

Phone () _____

Job Title _____ Supervisor _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting _____ final _____

Work Performed _____

Reason for Leaving _____

4. Employer

Address _____

Phone () _____

Job Title

Supervisor

Dates Employed: from (mm/yy)

to (mm/yy)

Hourly rate/salary: starting

final

Work Performed

Reason for Leaving

Educational Background

Grammar School:

Name of school Location

Course of study

Did you graduate?

Yes

No

Date

Degree or diploma

High School:

Name of school Location

Course of study

Did you graduate?

Yes

No

Date

Degree or diploma

College:

Name of school

Location

Course of study

Did you graduate?

Yes

No

Degree or diploma

Graduate School:

Name of school

Location

Course of study

Did you graduate?

Yes

No

Degree or diploma

Date Vocational Training
Other

Name of school

Location

Course of study

Did you graduate?

Yes

No

Degree or diploma

Date Continuing
Education

This Application for Employment has been prepared for general use throughout the United States. Whether it be filed in the United States, or in any other country, users should consult their own legal counsel about any questions they may have concerning this form or its use.

Applicant's Signature

Date

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant: Do not write on this page, For Office use only.

Interview Results

Interviewer	Date	Comments

Test Results

Tests Ad ministered	Date	Score	Rating	Comments and Interpretation

Reference Check

Results of Reference Check

Employer 1
Employer 2
Employer 3
Employer 4