

Application For Employment

DATE: _____ / _____ / _____

Please fill our form completely for employment consideration

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information:

NAME (Last Name First): _____

SOCIAL SECURITY #: _____ PHONE: _____

PRESENT ADDRESS: _____

CITY: _____ , STATE: _____ ZIP _____

EMAIL: _____

ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO

DO YOU HAVE RELIABLE TRANSPORTATION? YES NO

MUST PASS ADVANCED PHYSICAL EXAM AND DRUG TEST FOR EMPLOYMENT

Desired Employment:

POSITION: _____ DATE YOU CAN START: _____

DESIRED PAY: _____

ARE YOU CURRENTLY EMPLOYED? YES NO

IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES NO

IF YES, WHEN? _____ POSITION: _____

HOW WERE YOU REFERED TO THIS COMPANY? _____

Education:

ELEMENTARY: _____ LOCATION: _____

HIGH SCHOOL: _____ LOCATION: _____

NUMBER OF YEARS ATTENDED: _____ DID YOU GRADUATE? YES NO

COLLEGE: _____ LOCATION: _____

NUMBER OF YEARS ATTENDED: _____ DID YOU GRADUATE? YES NO

IF YES, WHAT TYPE OF DEGREE?

General:

SPECIAL TRAINING: _____

SPECIAL SKILLS: _____

Service Record

BRANCH OF SERVICE: _____

DISCHARGE DATE: _____

RANK AT DISCHARGE: _____

Former Employers

Below list your last three employers, starting with the most recent.

EMPLOYERS NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____, STATE: _____ ZIP _____

JOB TITLE: _____ SUPERVISOR: _____

DATES OF EMPLOYEMENT: _____ -to- _____ SALARY: _____

REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES: _____

MAY WE CONTACT THIS FORMER EMPLOYER? YES NO

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EMPLOYERS NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____, STATE: _____ ZIP _____

JOB TITLE: _____ SUPERVISOR: _____

DATES OF EMPLOYEMENT: _____ -to- _____ SALARY: _____

REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES: _____

MAY WE CONTACT THIS FORMER EMPLOYER? YES NO

.....

EMPLOYERS NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ , STATE: _____ ZIP _____

JOB TITLE: _____ SUPERVISOR: _____

DATES OF EMPLOYMENT: _____ -to- _____ SALARY: _____

REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES: _____

MAY WE CONTACT THIS FORMER EMPLOYER? YES NO

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References

Below, give the names of 3 persons you are not related to, whom you have known at least 1 year.

NAME: _____ PHONE: _____

YEARS ACQUAINTED: _____

NAME: _____ PHONE: _____

YEARS ACQUAINTED: _____

NAME: _____ PHONE: _____

YEARS ACQUAINTED: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?

YES NO

IF YES, PLEASE EXPLAIN _____

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 AND ALL 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 ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

Signature: _____ Date: _____

PLEASE CHECK WHICH COMPANY YOU ARE APPLYING FOR:

- PRO-TECH GRAND EAGLE COMFORT A-1 PROFESSIONAL