



APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address	Date of Birth		
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, may we contact your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

EDUCATION

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					

GENERAL QUESTIONS

Are you capable of lifting 100lbs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you work overtime as required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you currently or have you ever had :					
A neck injury?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, explain: _____		
A back injury?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, explain: _____		
A shoulder injury?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, explain: _____		

SPECIAL SKILLS (EX: CDL DRIVERS LICENSE, WELDING, ETC.)

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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