



**AMERICAN MADE ★ FAMILY OWNED**

Date \_\_\_ / \_\_\_ / \_\_\_

**Please Read Carefully**

**Print Clearly**

**Answer All Questions**

Position applied for \_\_\_\_\_ Date Available \_\_\_ / \_\_\_ / \_\_\_

Name In Full

(Last) (First) (Middle) U. S. Social Security Number

Date of Birth  Telephone Number ( ) -

Present Address

(Number and Street) (City) (State & ZIP)

How long have you lived at this address \_\_\_\_\_ Do you use any assumed names, nickname, or alias (Y) (N) List Below

Previous Address

(Number and Street) (City) (State & ZIP) (Telephone Number)

	State	License Number	Class	Expiration Date
List All Drivers Licenses Held in the Last 3 Years				

Do you have the right to work in the United States? (Y) (N) Have you applied here before (Y) (N) Date \_\_\_ / \_\_\_ / \_\_\_

Are you now employed (Y) (N) How long since last employment? \_\_\_\_\_ May we contact your current employer? (Y) (N)

Reason For leaving \_\_\_\_\_

Are you 21 years of age or older (Y) (N) Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Have you ever been convicted of a felony (Y) (N)

Have you been convicted of a misdemeanor in the last 2 years (Y) (N) Do you have any pending criminal or traffic appearances (Y) (N)

Are you willing to submit to a pre-employment drug or alcohol test (Y) (N) Have you ever failed or refused to take a drug test (Y) (N)

Are you willing to work any hours requested of you (Y) (N)? Are you willing to work Saturdays or Sundays if necessary (Y) (N)

Have you ever missed more than 5 days work for other than vacation or approved time off (Y) (N)

(Continued on back)

Education

Circle the highest grade completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Schools			
	Name of School	City and State	Degree
High Schools			
College or University			
Business or Technical			
Other			

Previous Employment

Employer			
Name	Address	City	Date
			From Mo. Yr. / To Mo. Yr.
Contact Person			Phone #

Employer			
Name	Address	City	Date
			From Mo. Yr. / To Mo. Yr.
Contact Person			Phone #

Employer			
Name	Address	City	Date
			From Mo. Yr. / To Mo. Yr.
Contact Person			Phone #

Employer			
Name	Address	City	Date
			From Mo. Yr. / To Mo. Yr.
Contact Person			Phone #

Traffic convictions and forfeitures for the past 3 years

Location	Date	Charge	Fine or Penalty

**APPLICANT: Read and sign before submitting this application:**

I authorize the employer or their designate to investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and release employers and persons named herein from all liability for ant damages on account of his furnishing such information.

I understand that misrepresentation or omission of facts called for on this employment application will, if hired, result in discharge. I certify that this application was completed by me and that all entries on it and the information is true, accurate and complete.

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