



Application for Employment

Application Date: ____/____/____

Date Available to start: ____/____/____

Position applied for:

Salary expectations:

How were you referred to us?

APPLICANT DATA

Full Name:

Last

First

Middle

Social Security #: ____ - ____ - ____

Address: _____

Street Address

City

State

Zip Code

Home Phone: (____) ____ - ____

Work Phone: (____) ____ - ____

Email address: _____

Are you 18 years of age or older? Yes No

Are you a citizen of the United States? Yes No

Type of employment desired: Full-time Part-time Temporary

Are you willing to travel? Yes No

Do you speak any foreign languages fluently?: Yes No

If yes, please list: _____

Have you ever been convicted of a crime other than a misdemeanor? Yes No

If yes, give dates and details: _____

Answering yes/no to these questions does not constitute an automatic rejection to employment.

EDUCATION

High School/ GED

Name of School/Location: _____

Of years Completed: _____ Did you graduate? Yes No

College/University Degree

Name of School/Location: _____

of years Completed: _____ Did you graduate? Yes No

Degree Earned: _____ Date earned/expected: ____/____/____

Other Education (Business or Technical School, etc.)

Name of School/Location: _____

of years Completed: _____ Did you graduate? Yes No

Certificate Earned: _____ Date earned/expected: ____/____/____

LICENSES AND CERTIFICATES

License or Certificate earned:

Issue date: ____/____/____ License/Certificate #: _____

Issued by: _____ State: _____

Expiration date: ____/____/____

PREVIOUS EMPLOYMENT (Begin with most recent position)

Dates of employment: ____/____/____ to ____/____/____

Company name: _____

Location: _____

Position(s) held: _____

Supervisory position: Yes No

Phone number: (____)____-____ Supervisor's name: _____

Starting salary: \$_____ Ending Salary: \$_____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

Dates of employment: ____/____/____ to ____/____/____

Company name: _____

Location: _____

Position(s) held: _____

Supervisory position: Yes No

Phone number: (____)____ - _____ Supervisor's name: _____

Starting salary: \$_____ Ending Salary: \$_____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

Dates of employment: ____/____/____ to ____/____/____

Company name: _____

Location: _____

Position(s) held: _____

Supervisory position: Yes No

Phone number: (____)____ - _____ Supervisor's name: _____

Starting salary: \$_____ Ending Salary: \$_____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

REFERENCES

Name: _____ **Phone:** (____)____ - _____

Address:

Street Address

City State Zip Code

Personal

Professional

Name: _____ Phone: (____)____-____

Address: _____

Street Address

City State Zip Code

Personal Professional

Name: _____ Phone: (____)____-____

Address: _____

Street Address

City State Zip Code

Personal Professional

SUMMARIZE ANY SPECIAL SKILLS OR QUALIFICATIONS

I certify that all my answers on the employment application are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, criminal and educational background and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature _____ Date _____

For Office Use Only:

Interviewed by: _____ Date _____

Remarks: _____

Neatness: _____

Hired: Yes No Position: _____ Dept.: _____

Salary/Wage: \$ _____ Date reporting to work: _____

Approved: 1. _____ 2. _____ 3. _____
 Employment Manager Dept. Head General Manager

Employee Prescreening Check List

_____ I have the ability to consecutively lift up to 50 lbs.

_____ I have the ability to stand on my feet for extended periods of time.

_____ I have the ability to handle repetitive physical motions that could include an unlimited range of hand, arm or leg motions.

By initialing each statement, I am verifying that I have the ability to handle the above stated situations that are essential to my ability to successfully complete job tasks associated with the Grandma Hoerner production line.

Employee Signature

Date

Witness Signature

Date