

EMPLOYMENT APPLICATION



EQUAL
OPPORTUNITY
EMPLOYERS

DATE

PERSONAL INFORMATION

400 S 45th St East, Muskogee, OK 74403

LAST NAME, FIRST NAME, MIDDLE INITIAL		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.		REFERRED BY	

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?	
EVER APPLIED THIS COMPANY BEFORE?		IF SO, WHEN?	

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

FORMER EMPLOYERS

Please give accurate and complete information. Start with present or most recent employer, including self-employment, part-time work, military employment, and any work performed on a volunteer basis. Account for your entire employment history, including significant gaps in employment. All information must be included, even if you are attaching resume.

DATE MONTH & YEAR	NAME, ADDRESS & PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

CONTINUED ON OTHER SIDE

GENERAL INFORMATION

SPECIAL TRAINING	SPECIAL SKILLS
U.S. MILITARY OR NAVAL SERVICE	RANK

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	WORK RELATIONSHIP	EMAIL ADDRESS	PHONE NUMBER

MAY WE CONTACT EACH OF YOUR REFERENCES? IF NOT, WHY? _____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

My signature certifies that I have read and agree with the above statements.

DATE _____ SIGNATURE _____

_____ DO NOT WRITE BELOW THIS LINE _____

INTERVIEW SCHEDULED FOR: DATE TIME

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES