



**2627 LANCELOT LN. DYER, IN. 46211 PHONE: 219-864-8222 ALT PHONE:
708-769-4155 FAX-219-865-2268 .**

APPLICATION FOR EMPLOYMENT

I authorize you to make such investigations and inquiries of my personal, employment, financial medical history and or any and all other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, school, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company. I understand that information I provide regarding current and or previous employers may be used

I understand that I have the right to:

Review information provided by current and or previous employers

Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer

Have a rebuttal statement attached to the alleged erroneous information, and if the previous employer(s) and I cannot agree on the accuracy of the information

SIGNATURE: _____

DATE:

NAME: _____

_____ FIRST

_____ LAST

MIDDLE

ADDRESS: _____

ZIPCODE # YEARS STREET CITY STATE

SOCIAL SECURITY #: _____ - _____ - _____ BIRTH DATE:

PHONE NUMBER: (_____) _____ - _____ HIRE DATE:

PAST 3 YEAR
RESIDENCY: _____

ZIPCODE # YEARS STREET CITY STATE

ZIPCODE # YEARS STREET CITY STATE

ZIPCODE # YEARS STREET CITY STATE

PRIMARY CONTACT: _____

_____ FIRST

_____ LAST

RELATIONSHIP: _____ PHONE NUMBER: (_____)
_____-_____

SECONDARY CONTACT: _____
_____ FIRST LAST

RELATIONSHIP: _____ PHONE NUMBER: (_____)
_____-_____

ADDITIONAL PERSONAL INFORMATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND COMMITTED TO EXCELLENCE THROUGH DIVERSITY.

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE US? YES NO ARE YOU A
VETERAN? YES NO

AVAILABLE START DATE: _____ DESIRED PAY RATE:

EMPLOYMENT DESIRED: FULL TIME PART TIME
SEASONAL/TEMPORARY

IF SELECET FOR EMPLOYMENT ARE YOU WILLING TO SUBMIT A BACKGROUND CHECK?
 YES NO

POSITION

PLEASE FILL OUT ALL INFORMATION TO YOUR FULLEST KNOWLEDGE

POSITION YOU ARE APPLYING FOR:

AVAILABLE START DATE: _____ DESIRED PAY:

EMPLOYMENT DESIRED: ___ FULL TIME ___ PART TIME ___
SEASONAL/TEMPORARY

EDUCATION

SCHOOL NAME MAJOR	LOCATION	YRS ATTENDED	DEGREE RECEIVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

NAME PHONE	TITLE	COMPANY
(_____) _____	_____	_____
(_____) _____	_____	_____

