

Employment Application

Date _____

APPLICANT INFORMATION				
Last Name		First		M.I.
Street Address			SSN #	
City		State	Zip	Birthdate
Phone #			Date Available	
Position Applied For			Desired Wage	
Are you a citizen of the United States?		<input type="radio"/> YES <input type="radio"/> NO	If no, are you authorized to work in the U.S.?	
Have you ever worked for this company?		<input type="radio"/> YES <input type="radio"/> NO	If so, when?	
Do you have a valid drivers license?		<input type="radio"/> YES <input type="radio"/> NO	D.L. #	State
Have you ever been convicted of a felony?		<input type="radio"/> YES <input type="radio"/> NO	If yes, explain	
EDUCATION				
		Yrs. Completed	Field of Study	Graduate or Degree
High School				
College/University				
Business/Technical				
Other				
MILITARY SERVICE				
Branch			From	To
Rank at Discharge			Type of Discharge	
If other than honorable, explain				
REFERENCES (Please list three professional references.)				
Name			Relationship	
Address			Phone	
Company				
Name			Relationship	
Address			Phone	
Company				
Name			Relationship	
Address			Phone	
Company				

PREVIOUS EMPLOYMENT				(List employers, starting with the current or most recent.)	
Company			Phone #		
Address			Supervisor		
Job Title		Starting Pay \$		Ending Pay \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous Supervisor for a reference? <input type="radio"/> YES <input type="radio"/> NO					
Company			Phone #		
Address			Supervisor		
Job Title		Starting Pay \$		Ending Pay \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous Supervisor for a reference? <input type="radio"/> YES <input type="radio"/> NO					
Company			Phone #		
Address			Supervisor		
Job Title		Starting Pay \$		Ending Pay \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous Supervisor for a reference? <input type="radio"/> YES <input type="radio"/> NO					
ADDITIONAL INFORMATION					
Please provide any additional information about your abilities or interests that makes you a good candidate for this position:					
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	

NOTES: (For Employer Use)

EMPLOYEE HEALTH QUESTIONNAIRE

Date _____

EMPLOYEE INFORMATION	
Name	Birthdate:
Address	
City, State, Zip	
Emergency Contact	Phone #
Address	

LIST ANY MEDICAL PROBLEMS THAT HAVE BEEN DIAGNOSED

SURGERIES or HOSPITALIZATIONS		
Year	Reason	Hospital

ALLERGIES TO MEDICATIONS	
Name the Drug	Reaction You Had

CURRENT MEDICATIONS
Name the Drug

PAST AND PRESENT MEDICAL HISTORY

Do you have or have you ever suffered from any of the following? (Please check the appropriate boxes)			
	YES	NO	If yes, please give details with dates
Fainting attacks / blackouts / epilepsy			
Recurring headaches			
Mental illness			
Ear trouble or deafness			
Eye trouble or defective vision			
Recurring chest disease e.g. Bronchitis			
Asthma / hay fever / allergies			
Heart problems			
High blood pressure			
Hernias			
Back or neck problems			
Arthritis, muscle or joint problems			
Skin problems			
Diabetes or thyroid problems			
Urinary / kidney problems			
Stomach problems e.g. ulcers			

Have you any problems affecting:	YES	NO	If yes, please give details
Standing			
Walking			
Climbing Stairs			
Lifting			
Hands / wrists or arms			
Working at heights			
Ability to drive a motor vehicle			

Have you:	YES	NO	If yes, please give details
Ever had an operation / serious illness			
Seen a specialist			
Had a disease or injury caused by work			
Ever made a claim for industrial injury			
Currently seeking any treatment			
Are you registered disabled			

Declaration	
I certify that the information contained in this questionnaire is, to the best of my knowledge, both true and accurate. I further understand that giving false information will result in disciplinary action which may include dismissal.	
Signature of Applicant _____	Date _____
Signature of Manager _____	Date _____