



APPLICATION FOR EMPLOYMENT

Personal Information

Name (First and Last)	Social Security Number		
Address	City	State	Zip
Phone Number	Email Address REQUIRED:		

Employment Desired

Position	Date You Can Start	Salary Desired
Are You Employed Now?	If So, May We Contact Your Current Employer?	Are You Legally Authorized to Work in the US?
How Did You Find Out About This Position?		
Online Ad	Website	Friend/Family (Name) _____ Other _____

Education History

	Name, City & State	Years Attended	Did You Graduate	Subjects Studied
High School				General Education
College				
Trade or Business School				

General Information

Special Training, Certification or Licenses
Special Skills, Foreign Languages
Have You Been Convicted of a Felony or Misdemeanor within the Last 5 Years? You will not be denied employment solely because of a conviction record.
If You Have a Conviction, Describe Type of Conviction and Date.

Military Service Record

Have You Ever Served In The US Armed Forces	Branch of Service
Discharge Date	Rank

Former Employers

Name of Present or Last Employer			
Address	City	State	Zip
Job Title	Start Date	Leaving Date	
May We Contact Your Supervisor?	Starting Hourly Rate	Ending Hourly Rate	
Name of Supervisor	Title	Phone	



APPLICATION FOR EMPLOYMENT

Description of Work
Reason for Leaving

Name of Previous Employer			
Address	City	State	Zip
Job Title	Start Date	Leaving Date	
May We Contact Your Supervisor?	Starting Hourly Rate	Ending Hourly Rate	
Name of Supervisor	Title	Phone	
Description of Work			
Reason for Leaving			

References: List Professional References Whom We May Contact

Name	Address	Business	Phone

I understand and agree that I am required to take one or more physical examination and/or drug test as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by Empire Equipment Service, Inc. and to release the Company and its directors, officers and agents or employees from any claim arising in connection with the use of such test(s).

Yes _____ No _____ Signature _____

“I certify that the facts obtained in the application are true and complete to the best of my knowledge and 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 about 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 from 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”

Signature _____ Date _____