

This tool provides an example of a job application form. You may adapt it to your business information needs and to the vacancy to be filled.

Your business logo

Your Business Name

Your Business Address

Your business contacts

APPLICATION FOR EMPLOYMENT _____

PERSONAL INFORMATION

Name _____				Date _____
Last	First	Middle	Maiden	
Present address _____				
Number		Street	City	State Zip
Marital status: _____				
Telephone (____) _____				
e-mail _____				

EMPLOYMENT DESIRED

Position(s) applied for _____
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY
When are you available to start work? _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	QUALIFICATION OBTAINED	MAJOR & SPECIALISATION	NUMBER OF YEARS COMPLETED
High School				
College/ university				
Professional or Graduate School				

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
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Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Are you currently employed? Yes No
May we contact your present employer? Yes No
Did you complete this application yourself? Yes No
If not, who did? _____

Have you ever been convicted of a felony? Yes No
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Have you ever been employed with this company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when? _____			
Do you have any friends or relatives employed by this company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide their names and relationship to you. _____			
REFERENCES			
Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.			
Name		Occupation	
Company name	Address		
Telephone	E-mail	Years acquainted	
Name		Occupation	
Company name	Address		
Telephone	E-mail	Years acquainted	
Name		Occupation	
Company name	Address		
Telephone	E-mail	Years acquainted	

APPLICATION FORM WAIVER – PLEASE READ CAREFULLY

In exchange for the consideration of my job application by _____ (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of _____, or otherwise to change in any respect the

employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature_____

Date_____