

New Employee Information

Employee Data

Name: _____ S.S.N.: _____ - _____ - _____

LAST

FIRST

M.I.

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ How long have you resided at current address? _____

Prior Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ How long did you reside at prior address? _____

Are you over 18 years of age? Yes No Sex: Male Female

Have you worked for this company in the past? Yes No If so, when? _____

Names of friends or relatives who presently work for this company: _____

Emergency Contact Information

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

How is this person related to you? _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

How is this person related to you? _____

Position Desired

Position: _____ Date you can start work: _____

Are you currently employed? Yes No If so, may we contact your current employer? Yes No

Employment History and Educational Background

List your past three (3) employers, beginning with the most recent.

Company	Address	Phone	Supervisor
1.			
2.			
3.			

List the past three (3) schools you attended, beginning with the most recent.

Name and Address	Years Completed	Did you graduate?	Major/Degree
1.			
2.			
3.			

General

List any foreign languages you speak and check your level of fluency:

_____ Minimal Fluent Read Write

_____ Minimal Fluent Read Write

_____ Minimal Fluent Read Write

List any special skills/abilities you have that can be applied to this position:

Security

Have you ever been bonded? Yes No

If so, explain:

Have you been convicted of a felony within the past 5 years? Yes No

If so, explain (this will not necessarily exclude you from consideration):

Military

Have you served in the military? Yes No Branch: _____

Served from _____ / _____ / _____ to _____ / _____ / _____ Rank: _____

Do you have any military commitment, including National Guard service that would influence your work schedule? Yes No

If so, explain:

Are you a Vietnam veteran? Yes No Are you a disabled veteran? Yes No

Are you a special disabled veteran? Yes No

REASONABLE ACCOMMODATIONS: In the event you believe you will need reasonable accommodations to assist you in performing your job, please contact your supervisor or human resources coordinator.

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application will be grounds for dismissal.

Employee Signature: _____ Date: _____