employment application

Position Desired:

[ ] Part time [ ] Full time

Date:

Name (Print) Last First Middle

Present Address Street and Number City State Zip Code **Length of time there?** Years Months

Previous Address Street and Number City State Zip Code **Length of time there?** Years Months

Telephone No. **Daytime/Cellular Telephone No.** **Social Security No.**

Have you ever worked for this Company before? **[ ] Yes [ ] No**
If yes, please give dates and position:

NOTE: Answering *Yes* to the following two questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged.)

Have you ever pled guilty or *no contest* to, or been convicted of, a misdemeanor or felony? **[ ] Yes [ ] No**
If yes, please give the date(s) and details:

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? **[ ] Yes [ ] No**
If yes, please give the date(s) and details:

Record of Previous Employment

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.
[Add additional page if necessary]

Present or Last Employer Address / City, State, ZIP Code / Telephone	**Employed** From (mo./yr.) / To (mo./yr.)	**Pay** Start $ / Final $	**Your Title or Position** / **Name and Title of Last Supervisor**	**Exact Reason for Leaving**
Present or Last Employer Address / City, State, ZIP Code / Telephone	**Employed** From (mo./yr.) / To (mo./yr.)	**Pay** Start $ / Final $	**Your Title or Position** / **Name and Title of Last Supervisor**	**Exact Reason for Leaving**
Present or Last Employer Address / City, State, ZIP Code / Telephone	**Employed** From (mo./yr.) / To (mo./yr.)	**Pay** Start $ / Final $	**Your Title or Position** / **Name and Title of Last Supervisor**	**Exact Reason for Leaving**
Present or Last Employer Address / City, State, ZIP Code / Telephone	**Employed** From (mo./yr.) / To (mo./yr.)	**Pay** Start $ / Final $	**Your Title or Position** / **Name and Title of Last Supervisor**	**Exact Reason for Leaving**

©2005 Gevity HR, Inc. All rights reserved.

Present or Last Employer Address City, State, ZIP Code Telephone	**Employed** From (mo./yr.) To (mo./yr.)	**Pay** Start **$** Final **$**	**Your Title or Position** **Name and Title of Last Supervisor**	**Exact Reason for Leaving**
Present or Last Employer Address City, State, ZIP Code Telephone	**Employed** From (mo./yr.) To (mo./yr.)	**Pay** Start **$** Final **$**	**Your Title or Position** **Name and Title of Last Supervisor**	**Exact Reason for Leaving**
Present or Last Employer Address City, State, ZIP Code Telephone	**Employed** From (mo./yr.) To (mo./yr.)	**Pay** Start **$** Final **$**	**Your Title or Position** **Name and Title of Last Supervisor**	**Exact Reason for Leaving**
Present or Last Employer Address City, State, ZIP Code Telephone	**Employed** From (mo./yr.) To (mo./yr.)	**Pay** Start **$** Final **$**	**Your Title or Position** **Name and Title of Last Supervisor**	**Exact Reason for Leaving**

Have you ever been terminated or asked to resign from any job? [ ] Yes [ ] No If Yes, please explain circumstances:

Please explain fully any gaps in your employment history:

May we contact your current employer? [ ] Yes [ ] No. If No, please explain:

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying.

Have you ever used another name? [ ] Yes [ ] No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

If hired, can you furnish proof that you are over 18 years of age? [ ] Yes [ ] No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? [ ] Yes [ ] No

Do you have adequate transportation to and from work? [ ] Yes [ ] No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year	Number of days	Year	Number of days	Year	Number of days

Education

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

Personal References

Please list persons who know you well—**not** previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date _____ **Signature of Applicant** _____