



# Application for Employment

## *Personal Information*

|  |             |                 |   |
|--|-------------|-----------------|---|
| Last Name:   | First Name: | Middle Initial: | Today's Date:   |
| Street Address:  |             |                 | Home Phone: (   )   |
| City, State, Zip:  |             |                 | Business Phone: (   )   |
| Have You Ever Applied for Employment with Us?    ___ Yes    ___ No<br>If Yes: Month and Year _____   |             |                 | Social Security #   |
| Position Desired: _____  |             |                 | Can You Work:    ( Circle One)<br>Full Time            Part Time<br>Temporarily |
| Apart from Absences for Religious Observations, Are You Available for Full Time Work?<br>___ Yes    ___ No    If Not, What Hours Can You Work? _____ |             |                 |   |
| Are You Legally Eligible for Employment in the United States?    ___ Yes    ___ No   |             |                 | When Will You Be Available to Begin Work? _____                                 |
| Other Special Training or Skills: (Languages, Machine Operation, Etc.)   |             |                 |   |

## *Educational Information*

| School   | Name and Location of School | Course of Study | Years Completed         | Did You Graduate? | Degree or Diploma |
|--|-----------------------------|-----------------|-------------------------|-------------------|-------------------|
| Graduate   |                             |                 |                         | ___ Yes<br>___ No |                   |
| College  |                             |                 |                         | ___ Yes<br>___ No |                   |
| Business/Trade<br>Technical School   |                             |                 |                         | ___ Yes<br>___ No |                   |
| High School  |                             |                 |                         | ___ Yes<br>___ No |                   |
| Membership in Professional or Civic Organizations ( Exclude those which may disclose your race, color, religion or national origin)                                  |                             |                 |                         |                   |                   |
| Are you currently a licensed professional:    ___ Yes    ___ No<br>If yes, please list current professional licenses and state of licensure: _____<br>_____<br>_____ |                             |                 |                         |                   |                   |
| In the last 5 years have you had your professional license suspended or revoked:    ___ Yes    ___ No<br>If yes, please explain _____<br>_____<br>_____              |                             |                 |                         |                   |                   |
| MILITARY: Did you serve in the US Armed Forces?    Yes    No   |                             |                 | If yes, in what branch? |                   |                   |

# Employment

Please give accurate, complete, full and part time employment record. Start with you present or most recent employer.

|  |   |
|--|---|
| 1) Company Name:                         | Telephone: ( )  |
| Address:                                 | Employed: (State month and year)<br>From: _____ To: _____ |
| Name of Supervisor:                      | Weekly Pay: Start _____ Last _____                        |
| State Job Title and Describe Your Work : | Reason for Leaving:                                       |

|  |   |
|--|---|
| 2) Company Name:                         | Telephone: ( )  |
| Address:                                 | Employed: (State month and year)<br>From: _____ To: _____ |
| Name of Supervisor:                      | Weekly Pay: Start _____ Last _____                        |
| State Job Title and Describe Your Work : | Reason for Leaving:                                       |

|  |   |
|--|---|
| 3) Company Name:                         | Telephone: ( )  |
| Address:                                 | Employed: (State month and year)<br>From: _____ To: _____ |
| Name of Supervisor:                      | Weekly Pay: Start _____ Last _____                        |
| State Job Title and Describe Your Work : | Reason for Leaving:                                       |

|  |  |
|--|--|
| We may contact the employers listed above unless you indicate those you do not want us to contact. | DO NOT CONTACT: Employers Number (s): _____<br>Reason: _____<br>_____<br>_____ |
|--|--|

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, unless the offense is related to the job for which you have applied.) \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe: \_\_\_\_\_

As an equal opportunity employer this company's policy, as well as Federal and State Law, prohibits discrimination in employment based on race, color, religion, sex, national origin, physical handicap, or age with respect to individuals who are at least 21 years of age.

### RELEASE OF INFORMATION:

As part of this application for employment, I hereby authorize the company to investigate my references and to make an independent investigation of my character, conduct and employment records. I further agree that failure to reveal any prior employer, or the giving of false or misleading information by me will be grounds for termination of employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**\*\*SHAREHOUSE, INC., IS AN EQUAL OPPORTUNITY EMPLOYER AND AN AT WILL EMPLOYER \*\***