

# Employment Application



Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Phone No. : \_\_\_\_\_ Are you 18 years of age or Older? Yes \_\_\_ No \_\_\_

## Employment Desired

Position: \_\_\_\_\_ Date you can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ if so may we enquire of your present employer? \_\_\_\_\_

Have you ever applied to this FCLWD/ SFCSD before? \_\_\_\_\_ When? \_\_\_\_\_

Education:	Name & Location	No. Years Attended	Did you graduate?
High School:	_____	_____	_____
College:	_____	_____	_____
Trade, Business, or Correspondence School:	_____	_____	_____

The Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

## US Military or Naval Services:

FORMER EMPLOYERS				
Date, Month and Year	Name & Address of Employer	Salary	Position	Reason for leaving
From _____				
To _____				
From _____				
To _____				
From _____				
To _____				

**References:** Give names of three people not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YRS. ACQUANTED
1.			
2.			
3.			

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In case of emergency notify: \_\_\_\_\_  
Name Address Phone Number

“ 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 shall be grounds for dismissal .

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and you release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment my wages and salary, be terminated at any time without any prior notice.”

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Hired:  Yes  No Position: \_\_\_\_\_ Dept: \_\_\_\_\_

Salary: \_\_\_\_\_ Date reporting for work: \_\_\_\_\_

Approved 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_