



# Application for Employment

## Personal Information

Name:	Last	First	Middle	Date
				Social Security Number

Present Address				
	Street	City	State	Zip

Permanent Address				
	Street	City	State	Zip

Home Ph. (    )	Mobile Ph. (    )	Email
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Are You Prevented From Lawfully Becoming Employed in this Country Because of Visa or Immigration Status?    Yes                  No

Are you over 18 Years Old    Yes                  No

## Employment Desired

Position	Date You Can Start	Salary Desired
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Are You Employed Now? \_\_\_\_\_

Ever Applied to this Company Before?    Yes                  No                                  When? \_\_\_\_\_

Referred By \_\_\_\_\_

Education	Name and Address of School	Years Attended	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business Or Correspondence School				

## General

Subjects of Special Study or Research Work \_\_\_\_\_

Special Skills \_\_\_\_\_

Activities (Civic, Athletic, Etc.) Exclude The Name of Organizations Which Indicate The Race, Sex, Age, Marital Status, Color or Nation of Origin of Its Members. \_\_\_\_\_

U.S. Military or Naval Service	Rank	Present Membership In Nation Guard or Reserves
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**Former Employers (List Below Your Last Three Employers, Starting With The Last One)**

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving

May We Contact for Reference?	Yes	No	Later	Contact Name	Ph #

May We Contact for Reference?	Yes	No	Later	Contact Name	Ph #

May We Contact for Reference?	Yes	No	Later	Contact Name	Ph #

Which of These Jobs Did You Like Best?

What Did You Like Most About the Job?

**Authorization For Permission To Release Confidential Information**

I hereby authorize PumpMan, Inc. and its employees to verify, obtain copies of records and gather any information pertaining to my submitting application for employment with PumpMan.

I understand and give my permission to release any and all information from your files pertaining to:

Credit History	Prior Employment
Training & Education	Residence History
Performance, Evaluation	Attendance History
Law Enforcement Records	Court Records
Motor Vehicle Records	Military Service Records
Worker's Compensation Claims	Medical History Including:
Other:	Mental Disorders
Other:	Drug/Alcohol Abuse

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ DOB \_\_\_\_\_

**Cross out and Initial to the right of all subjects not authorized for research**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**References: Give the Names of Three Persons Not Related to You, Whom You Have Known For At Least One Year**

Name	Address	Business	Years Acquainted	Telephone Number

**Driver Licenses**

State	License Number	Type	Expiration Date

Attach Copy of Driver License Report

Has Any License, Permit or Privilege Ever Been Suspended or Revoked?

Yes No

If You Answered Yes to the Above Questions Please Give Details:

**Emergency Contact**

Name	Relationship	Phone	Other Phone

**Release**

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

**Applicant Signature**

Signature:

Date: