



# Employment

Please fill out this form for employment consideration. All new hires are required to read and sign our New Hire Safety Orientation Handout.

## PERSONAL INFORMATION

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** (       ) \_\_\_\_\_

**Referred By:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

## EMPLOYMENT DESIRED

**Position:** \_\_\_\_\_

**Date You Can Start:** \_\_\_\_\_ **Desired Salary:** \_\_\_\_\_

**Have You Applied With Us Before?**  Yes  No

**When:** \_\_\_\_\_

**Where:** \_\_\_\_\_

## EMPLOYMENT HISTORY

**Are you Currently Employed?**  Yes  No **If So, Can We Contact Your Employer?**  Yes  No

**Reference Name:** \_\_\_\_\_ **Telephone Number:** (       ) \_\_\_\_\_

**Reference Name:** \_\_\_\_\_ **Telephone Number:** (       ) \_\_\_\_\_

**Reference Name:** \_\_\_\_\_ **Telephone Number:** (       ) \_\_\_\_\_

## GENERAL INFORMATION

**Special Training / Skills:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Military Service:** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_