



Application for Employment

An Equal Opportunity Employer

Date: _____

Personal Information

Name: _____
 First Middle Last

Present Address:

Street City State ZIP Code

Are you 18 years or older? Yes No Are you a licensed driver? Yes No

Phone #: _____ DL # and state issued: _____

In case of emergency, notify:

Name Relationship Address Phone #

Can you, at the start of employment, submit verification of your legal right to work in the U.S.?
 Yes No

Employment Desired

Position: _____ Date available to start: _____

Salary desired: _____

Are you employed now? Yes No

May we inquire of your present employer? Yes No

Have you ever applied to this company before? Yes No When? _____

Have you ever worked for this company before? Yes No When? _____

Who referred you to this company? Web Search Employment agency Friend
 Web Search State employment office College placement service Other

Education

Highest Level of Education:

College(s) or University

Business or Trade school(s):

Subjects studied relevant to job applied for:

Subjects of special study or research work relevant to the job in question:

Relevant training:

Relevant skills:

Have you ever been convicted of a crime? ___ Yes ___ No

A conviction does not necessarily disqualify you for the job for which you have applied.

Former Employers (List below your last three employers, starting with the most recent one first):

Work History

Name and address of most recent employer:

Job title: _____

Start date: _____ Leaving date: _____

Starting salary (annual or hourly): _____ Final salary (annual or hourly): _____

May we contact your supervisor? Yes No

Supervisor: _____ Phone: _____

Description of work:

Reason for leaving:

Name and address of previous employer:

Job title: _____

Start date: _____ Leaving date: _____

Starting salary (annual or hourly): _____ Final salary (annual or hourly): _____

May we contact your supervisor? Yes No

Supervisor: _____ Phone: _____

Description of work:

Reason for leaving:

Name and address of previous employer:

Job title: _____

Start date: _____ Leaving date: _____

Starting salary (annual or hourly): _____ Final salary (annual or hourly): _____

May we contact your supervisor? ___ Yes ___ No

Supervisor: _____ Phone: _____

Description of work:

Reason for leaving:

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements on this application may result in my not being hired, or, if hired, the termination of my employment.

Unless otherwise indicated, I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my current and previous employers and pertinent information they may have, personal or otherwise, and 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 be terminated at any time, with or without reason, and without prior notice.

I understand the essential functions of the job applied for. I certify that I can perform these functions with or without reasonable accommodation.

I authorize investigation of my driving record, conviction record and credit records if deemed by NFSA to be relevant and necessary to the job requirements.

Signature: _____ **Date:** _____

Email to: team@nfsa.org OR fax to: (845) 878-4215.