



# PICKLEMAN'S APPLICATION FOR EMPLOYMENT



DATE \_\_\_\_\_

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			
PHONE NO.		REFERRED BY	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF SO, PLEASE DESCRIBE.			

## EMPLOYMENT DESIRED

POSITION (SELECT ONE) <input type="checkbox"/> IN-SHOP <input type="checkbox"/> DRIVER <input type="checkbox"/> MANAGEMENT		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	

## EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

## REFERENCES

NAME	BUSINESS	ADDRESS	YEARS KNOWN

**APPLICATION FOR EMPLOYMENT**

CONTINUED ON OTHER SIDE

**FORMER EMPLOYERS**

DD/MM/YY	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

**AVAILABILITY**

MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY
SUNDAY

**AUTHORIZATION**

"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 and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**MANAGEMENT REMARKS**

DATE CALLED	DATE INTERVIEWED	DATE HIRED	DATE START	STARTING WAGE

