



**"YOUR CLOSED MOULDING SPECIALISTS"**  
**605.886.9206**

# APPLICATION FOR EMPLOYMENT

OFFICE USE ONLY

DATE REVIEWED:

CALLED ON:

Message

P E R S O N A L	Last Name                      First                      Middle			Date
	Street Address			Home Phone (    )-
	City, State, Zip			Business/Cell Phone (    )-
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes: Month and Year: _____ Location: _____			Social Security No.
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you able for full-time work? Yes <input type="checkbox"/> No    If No: What hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be able to begin work?
	Other special training or skills: (languages, machine operation, etc)			
How did you learn of our organization?				

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA?
	College					
	High					
	Elementary					
	Other					

## Employment

1	Company Name		Telephone (    )-
	Street Address	City, State, Zip	Employed (State Month and Year) From:                      To:
	Name of Supervisor		Weekly Pay Start:                      Last:
	State Job Title and Describe Your Work:		Reason For Leaving:

<b>2</b>	Company Name	Telephone ( )-
	Street Address City, State, Zip	Employed (State Month and Year) From: To:
	Name of Supervisor	Weekly Pay Start: Last:
	State Job Title and Describe Your Work:	Reason For Leaving:

<b>3</b>	Company Name	Telephone ( )-
	Street Address City, State, Zip	Employed (State Month and Year) From: To:
	Name of Supervisor	Weekly Pay Start: Last:
	State Job Title and Describe Your Work:	Reason For Leaving:

<b>List previous experience that would apply to this type of employment.</b>	

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have a right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

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

FOR OFFICE USE ONLY - REFERENCE CHECK		
EMPLOYER	PERSON CONTACTED	NOTES
1		
2		
3		