

Employment Application

Full Name:

Date:

Address:

City:

State:

Zip:

Phone:

Cell/Other:

E-mail:

Date Available to Start:

Social Security #

Desired Salary

Are you a citizen of the United States? Yes No

If not, are you legally allowed to work in the United States? Yes No

How many hours can you work weekly?

Can you work nights?

Can you work weekends?

Days/hours available to work

No pref _____ Thur _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

Have you ever pleaded "guilty," "no contest," or been convicted of a crime? Yes No

If yes, give dates and details:

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

DO YOU HAVE A DRIVER'S LICENSE Yes No

What is your means of transportation to work?

Driver's license number

State of issue

Expiration

Have you had any accidents during the past three years? Yes No If yes, how many?

Have you had any moving violations the past three years? Yes No If yes, how many?

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

I authorize *Quality Restoration* to perform a complete State and Federal background, credit and records check.

Signature of Applicant

Date

PREVIOUS EMPLOYMENT (Begin with most recent position)

Dates of Employment: From ___/___/___ To ___/___/___ Positions(s) Held: _____

Employer Name: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Starting Salary and Title: _____ Final Salary and Title: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company

Reason for Leaving (be specific): _____

Dates of Employment: From ___/___/___ To ___/___/___ Positions(s) Held: _____

Employer Name: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Starting Salary and Title: _____ Final Salary and Title: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company

Reason for Leaving (be specific): _____

Dates of Employment: From ___/___/___ To ___/___/___ Positions(s) Held: _____

Employer Name: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Starting Salary and Title: _____ Final Salary and Title: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company

Reason for Leaving (be specific): _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my

personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview may result in discharge.

Signature of applicant

Date