

Sample Blank Employment Application

Sample Company is an equal opportunity employer and fully subscribes to the principles of equal employment. All applicants and employees are considered for hire and promotion without regard to race, color, religion, gender, national origin, age, handicap or status as a veteran.

Directions: Complete all questions. Print or type responses. If unable to complete a response in the space provided, complete your answer in the space provided in item 30 on page 4.

1. Kind of position or job for which you are applying (give the job title or job announcement number)			
2. Other positions for which you would like to be considered			
3. Name (Last, First, Middle)			
4. Street address (No P.O. Box Numbers)		5. Apartment number	
6. City		7. State	8. Zip
9. If mailing address is different, provide address		10. E-mail address	
11. Telephone number		12. Cell phone number	
13. Have you ever been employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide dates of employment: From: Month _____ Yr _____ to Month _____ Yr _____			
14. What starting salary would be acceptable to you? Per hour _____ Per month _____			
15. When would be the earliest date that you would be available to start work? Month _____ Day _____ Yr _____			
16. Are you available for:		17. Would you consider temporary work of:	
Yes No Part-time work <input type="checkbox"/> <input type="checkbox"/> To relocate <input type="checkbox"/> <input type="checkbox"/> Overnight travel <input type="checkbox"/> <input type="checkbox"/>		Yes No Less than 3 months <input type="checkbox"/> <input type="checkbox"/> 3 - 6 months <input type="checkbox"/> <input type="checkbox"/> 9 - 12 months <input type="checkbox"/> <input type="checkbox"/>	
18. Hours preferred: No preference <input type="checkbox"/>		Start work at _____ (enter time of day).	
Days of the week: No preference <input type="checkbox"/>		Circle the days of the week that you prefer to work:	
		Sun Mon Tues Wed Thur Fri Sat	
19. Military experience: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, List branch of service: _____ Dates of active duty: From _____ to _____ Primary duties _____			

CareerSource Tampa Bay
9215 N. Florida Ave Ste 101
Tampa, FL 33612
813-930-7400



20. Experience. **Begin with current or most recent job. List each job separately even though it may have been with the same employer. Account for all jobs during the past ten years. Use additional sheets, if necessary.**

Name of employer		Immediate supervisor	
Address of employer		Telephone number	
City		State	Zip code
Type of business		Your job title	
Dates of employment From Month _____ Yr _____ to Month _____ Yr _____			
Reason for leaving			
Salary range Beginning wage \$ _____ per _____ Ending wage \$ _____ per _____			
Duties (be specific)			
Special training that you received			

Name of employer		Immediate supervisor	
Address of employer		Telephone number	
City		State	Zip code
Type of business		Your job title	
Dates of employment From Month _____ Yr _____ to Month _____ Yr _____			
Reason for leaving			
Salary range: Beginning wage \$ _____ per _____ Ending wage \$ _____ per _____			
Duties (be specific)			
Special training that you received			

Name of employer		Immediate supervisor	
Address of employer		Telephone number	
City		State	Zip code
Type of business		Your job title	
Dates of employment From Month _____ Yr _____ to Month _____ Yr _____			
Reason for leaving			
Salary range: Beginning wage \$ _____ per _____ Ending wage \$ _____ per _____			
Duties (be specific)			
Special training that you received			

21. Explain all gaps in your employment that were 3 months or greater:

From: Month _____ Yr _____ to Month _____ Yr _____ Reason _____

From: Month _____ Yr _____ to Month _____ Yr _____ Reason _____

From: Month _____ Yr _____ to Month _____ Yr _____ Reason _____

22. List special qualifications and skills that you have

23. List professional association memberships

24. List licenses or certifications (list state and expiration date, if applicable)

25. If currently employed, may we contact your employer and/or supervisor? Yes No

26. Education:

Indicate highest level of education. _____
 List, beginning with high school, all schools attended. Indicate city and state of school, degree (if any) and major subject

<u>School name</u>	<u>City and State</u>	<u>Degree</u>	<u>Major Subject</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other training. Describe any other formal or informal training received in the past ten years. Provide dates of attendance, course length, location and certificate received.

27. List honors, awards, etc., received

28. References: List three persons not related to you who are able to verify the information provided in this application. Do not list supervisors mentioned above.

<u>Name</u>	<u>Mailing Address</u>	<u>Telephone Number</u>
_____	Street Address _____ City, State and Zip _____	_____
_____	Street Address _____ City, State and Zip _____	_____
_____	Street Address _____ City, State and Zip _____	_____

29. Respond to the following questions:
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Are you eligible to work in the U.S.? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you ever been convicted of a felony? * | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you ever been convicted of a drug-related crime? * | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you have a valid driver's license? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do you have any blood relatives employed by this company? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, name of relative: _____

Relation to you: _____

(Company may have a nepotism policy that prohibits close relatives from working in the same department or division.)

- f. Have you applied for employment with this company before?

If yes, when Month _____ Year _____

* Conviction will not necessarily disqualify the applicant from employment.

30. Additional information. Use this space to expand upon your answers to questions. Indicate item number.

Item Number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

31. Candidate statement: Use this space to communicate to the company any special information not listed in the application.

Notice: *All information supplied by the applicant is subject to review and verification by the employer. Inaccurate information may result in rejection of the application or dismissal from employment.*

"I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief."

Applicant Signature

Date