

# New Employee Information

## Employee Data

Name: \_\_\_\_\_ S.S.N.: - -

LAST

FIRST

M.I.

Current Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ How long have you resided at current address? \_\_\_\_\_

Prior Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ How long did you reside at prior address? \_\_\_\_\_

Are you over 18 years of age?  Yes  No Sex:  Male  Female

Have you worked for this company in the past?  Yes  No If so, when? \_\_\_\_\_

Names of friends or relatives who presently work for this company: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How is this person related to you? \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How is this person related to you? \_\_\_\_\_

## Position Desired

Position: \_\_\_\_\_ Date you can start work: \_\_\_\_\_

Are you currently employed?  Yes  No If so, may we contact your current employer?  Yes  No

## Employment History and Educational Background

List your past three (3) employers, beginning with the most recent.

Company	Address	Phone	Supervisor
1.			
2.			
3.			

List the past three (3) schools you attended, beginning with the most recent.

Name and Address	Years Completed	Did you graduate?	Major/Degree
1.			
2.			
3.			

**General**

List any foreign languages you speak and check your level of fluency:

_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write

List any special skills/abilities you have that can be applied to this position:


**Security**Have you ever been bonded?  Yes  No

If so, explain:

Have you been convicted of a felony within the past 5 years?  Yes  No

If so, explain (this will not necessarily exclude you from consideration):


**Military**Have you served in the military?  Yes  No      Branch: \_\_\_\_\_

Served from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Rank: \_\_\_\_\_

Do you have any military commitment, including National Guard service that would influence your work schedule?  Yes  No

If so, explain:

Are you a Vietnam veteran?  Yes  No      Are you a disabled veteran?  Yes  NoAre you a special disabled veteran?  Yes  No**REASONABLE ACCOMMODATIONS:** In the event you believe you will need reasonable accommodations to assist you in performing your job, please contact your supervisor or human resources coordinator.**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 will be grounds for dismissal.

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