

APPLICATION FOR EMPLOYMENT
(Equal Employment Opportunity Employer)

GENERAL

NAME _____ DATE OF BIRTH _____

ADDRESS _____

TELEPHONE (_____) _____ SOCIAL SECURITY # _____

DATE AVAILABLE FOR EMPLOYMENT _____

If employed and under 18, can you furnish a work permit? _____ YES _____ NO

Have you ever been employed by this company? _____ YES _____ NO

Are you employed now? _____ YES _____ NO

May we contact your present employer? _____ YES _____ NO

If yes, please provide supervisor's name _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? _____ YES _____ NO

Type of work desired: _____

If applying for a position where driving is required -

Do you have a valid driver's license in this state? _____ YES _____ NO

License # _____ Expiration Date _____

Can you perform essential functions of the job(s) for which you are applying? _____ YES _____ NO

Are you available to work _____ FULL TIME _____ PART TIME _____ OVERTIME

Have you been convicted of a felony? _____ YES _____ NO
(Please note that a "YES" answer will not bar you from consideration for employment)

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of a job.

EDUCATION

	ELEMENTARY					HIGH SCHOOL				COLLEGE				GRADUATE			
SCHOOL NAME																	
YEARS COMPLETED	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
COURSE OF STUDY																	

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking.

REFERENCES

List three (3) non-relatives who are familiar with your qualifications and actual work history and ability.

Name	Relationship	Years Known	Telephone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EMPLOYMENT EXPERIENCE

Start with your present or last job. List your last four (4) jobs in order. Do not omit any job.

Employer	Supervisor's Name
Address	Position Held
Telephone #	Your Salary: Starting / Ending
Employed from _____ (mo/yr) to _____ (mo/yr)	
Duties	
What did you like most about your job?	
What did you like least about your job?	
Reason for leaving _____	

Employer

Supervisor's Name

Address

Position Held

Telephone #

Your Salary: Starting / Ending

Employed from _____ (mo/yr) to _____ (mo/yr)

Duties

What did you like most about your job?

What did you like least about your job?

Reason for leaving _____

Employer

Supervisor's Name

Address

Position Held

Telephone #

Your Salary: Starting / Ending

Employed from _____ (mo/yr) to _____ (mo/yr)

Duties

What did you like most about your job?

What did you like least about your job?

Reason for leaving _____

Employer

Supervisor's Name

Address

Position Held

Telephone #

Your Salary: Starting / Ending

Employed from _____ (mo/yr) to _____ (mo/yr)

Duties

What did you like most about your job?

What did you like least about your job?

Reason for leaving _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume' or other supplementary materials) are true and complete without omissions. By signing below I authorize **THE DRAINMAN INC** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired, I will be responsible for familiarizing myself with all rules and regulations of **THE DRAINMAN INC** as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of **THE DRAINMAN INC** or at my option, without notice, at any time for any reason.*

I also understand that no representative of **THE DRAINMAN INC** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand and agree with the above.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.