

New Employee Information

Please provide all applicable information.

EMPLOYEE DATA:

Employee: _____ S.S.N: _____
LAST FIRST MIDDLE

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ How long at current address? _____

Prior Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ How long at prior address? _____

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

Have you worked for this company before? Yes No

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

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: _____

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

EDUCATIONAL BACKGROUND AND EMPLOYMENT HISTORY :

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

| Name & Address | # of Years Completed | Graduate? | Major/Degree |
|----------------|----------------------|-----------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

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

| Company | Address | Phone # | Supervisor |
|---------|---------|---------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

GENERAL:

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

| | | | | |
|-------|-------------------------------------|---|-------------------------------|--------------------------------|
| _____ | <input type="checkbox"/> Speak some | <input type="checkbox"/> Speak fluently | <input type="checkbox"/> Read | <input type="checkbox"/> Write |
| _____ | <input type="checkbox"/> Speak some | <input type="checkbox"/> Speak fluently | <input type="checkbox"/> Read | <input type="checkbox"/> Write |
| _____ | <input type="checkbox"/> Speak some | <input type="checkbox"/> Speak fluently | <input type="checkbox"/> Read | <input type="checkbox"/> Write |

SECURITY:

Have you ever been bonded? Yes No

Please explain:

Have you been convicted of a felony within the last five years? Yes No

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

| |
|--|
| |
| |
| |

MILITARY:

Have you served in the military? Yes No Which branch?

Served from / / to / / Rank:

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

If yes, explain:

Are you a Vietnam Veteran? Yes No Are you a disabled Veteran? Yes No

Are you a Special Disabled Veteran? Yes No

REASONABLE ACCOMODATION: In the event you believe you will need a reasonable accomodation 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 unemployed, falsified statements on this application shall be grounds for dismissal.

Employee Signature: _____ Date: _____