

**EMPLOYMENT APPLICATION**

Applicant Information											
Full Name:								Date:			
<i>Last</i>			<i>First</i>			<i>MI</i>					
Mailing Address:								Apartment/Unit #:			
City:					State:			Zip:			
Own or Rent?		For How Long?		Primary Language:			Secondary Language:				
Phone:			Email Address:								
Available Start Date:			How did you hear about us?				Desired Salary: \$				
Position Applying For:					Full Time <input type="checkbox"/>			Part Time <input type="checkbox"/>			
Hours & Availability:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you 18 years of age or older?			YES <input type="checkbox"/>	NO <input type="checkbox"/>							
Have you ever worked for this or a related company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when/where?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:						
Do you have a valid drivers license?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what state is your drivers license issued from?						
What level license do you have?		CDL-A <input type="checkbox"/>	CDL-B <input type="checkbox"/>	Class D <input type="checkbox"/>	If applying for a driving position, can you provide a driving record?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Education											
High School:				Address:							
From:		To:		Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree:			
College:				Address:							
From:		To:		Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree:			
Other:				Address:							
From:		To:		Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree:			
References											
Full Name:						Title/Position:					
Company:						Phone:					
Address:						Relationship:					
Full Name:						Title/Position:					
Company:						Phone:					
Address:						Relationship:					
Full Name:						Title/Position:					
Company:						Phone:					
Address:						Relationship:					

**Previous Employment**

<b>Company:</b>		Phone:
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact this employer for a reference?		

<b>Company:</b>		Phone:
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact this employer for a reference?		

<b>Company:</b>		Phone:
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact this employer for a reference?		

**Military Service**

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, please explain:		

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*Ideal Concrete Block Co. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state or provincial law.*

*Ideal Concrete Block Co. is an equal opportunity employer committed to developing a diverse team of employees with a focus of delivering quality service to our customers.*

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

**For Interviewer Use Only**

Date:	Interviewer Name:
Notes:	