

EMPLOYMENT APPLICATION



DATE

PERSONAL INFORMATION					
Last Name		First		M.I.	Date Available
Street Address				Apartment/Unit #	
City			State	ZIP	
Phone			E-mail Address		
Driver's Lisence # State/ Exp.			Social Security No.	Desired Salary	
Position Applied for					
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? If under, can you provide proof of eligibility to work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you provide legal documentation to work in U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Do you have any friends or relatives employed by this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?		
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
May we contact your previous employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you currently on "lay-off" status and subject to recall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you able to perform all the essential functions of the job for which you are applying with or without reasonable accommodations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain		
If hired, are there any accommodations Malonson Company, Inc. would need to provide so that you can perform all those essential functions and duties the position being applied?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence (DUI)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
If hired, do you have a reliable means of transportation to and from work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If hired, would you be able to travel or work overtime as needed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If hired, are you able to provide proof of vehicle insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Did you receive a copy of the disclosure policy and statement?	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		
List any seminars, classes or other education, skills, languages not listed above which may help qualify you for this position?									
MILITARY SERVICE									
Branch					From	To			
Rank at Discharge						Type of Discharge			
If other than honorable, explain									
REFERENCES									
<i>Please list three professional references.</i>									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
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		
PLEASE USE ADDITIONAL SPACE IF NEEDED									

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, 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.

Signature	Date
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