**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Name | Social Security Number |
| Present Address | Apt # | City | State | ZIP |
| Permanent Address | Apt # | City | State | ZIP |
| Are you 18 years or older? | Phone |
| Email Address |

**DESIRED EMPLOYMENT**

|  |  |  |
| --- | --- | --- |
| Position | Date You Can Start | Salary Desired |
| Are You Employed Currently  | If So May We Inquire of Your Present Employer |
| Ever Applied to This Company Before? | Where? | When? |
| Ever Worked for This Company Before? | Where? | When? |
| Reason for Leaving |
|  |
| Name of Last Supervisor at This Company |
| Who You Referred You to This Company |

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SCHOOL LEVEL** | **NAME OF SCHOOL** | **NUMBER OF YEARS ATTENDED** | **DID YOU GRADUATE** | **SUBJECTS STUDIED** |
| GRAMMAR |  |  |  |  |
| HIGH SCHOOL |  |  |  |  |
| COLLEGE |  |  |  |  |
| TRADE SCHOOL |  |  |  |  |
| SPECIAL TRAINING OR SKILLS |  |  |  |  |

**FORMER EMPLOYERS**

|  |
| --- |
| Name of Present or Past Employer |
| Address | City | State | Zip |
| Starting Date | Leaving Date | Job Title |
| Weekly Starting Salary | Weekly Final Salary | May We Contact Your Supervisor |
| Name of Supervisor | Title | Phone |
| Description of Work |
|  |
| Reason for Leaving |

|  |
| --- |
| Name of Present or Past Employer |
| Address | City | State | Zip |
| Starting Date | Leaving Date | Job Title |
| Weekly Starting Salary | Weekly Final Salary | May We Contact Your Supervisor |
| Name of Supervisor | Title | Phone |
| Description of Work |
|  |
| Reason for Leaving |

|  |
| --- |
| Name of Present or Past Employer |
| Address | City | State | Zip |
| Starting Date | Leaving Date | Job Title |
| Weekly Starting Salary | Weekly Final Salary | May We Contact Your Supervisor |
| Name of Supervisor | Title | Phone |
| Description of Work |
|  |
| Reason for Leaving |

**REFERENCES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NAME** | **ADDRESS AND PHONE** | **BUSINESS** | **YEARS ACQUAINTED** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

**SERVICE RECORD**

|  |  |
| --- | --- |
| **Branch of Service** | **Discharge Date****Rank** |
|  |
|  |
|  |

**HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 5 YEARS?**

|  |
| --- |
| If Yes, Please Explain (Will not necessarily exclude you from consideration) |
|  |
|  |

**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 shall be grounds for dismissal.**

**I authorize investigation of all statements contained herein and the references and employers listed above to give you all my information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company form all liability for any damage that may result form utilization of such information.**

**I also understand and agree that nor representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make agreement contrary to the foregoing, unless it is written and signed by an authorized company representative.”**

**Date Signature**

**DO NOT WRITE ON THIS PAGE**

**FOR INTERVIEWERS USE ONLY**

|  |  |
| --- | --- |
| Interviewed By | Date |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Interviewed By | Date |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Interviewed By | Date |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Hired (date) for Dept | For Position |
| Salary Wages | Will Report |
| Approved By: |

**NOTICE AND AUTHORIZATION REGARDING**

**CRIMINAL BACKGROUND INVESTIGATIONS**

Note: This form is not for California, Oklahoma or Minnesota Residents

RE: HOPKINS AND SONS ( the Employer)

I understand that a consumer report concerning my criminal and police records, including information maintained by public and private organizations, may be obtained by the Employer in connection with my application for employment.

I also understand that before and adverse action is taken, based in whole or in part on the information contained in the record, I will be provided a copy of the report, the name, address and phone number of the reporting agency, a summary of my rights under the Fair Credit Reporting Act, as well as additional information on my rights under the law.

I authorize the Employer to utilize the services of a consumer reporting agency to conduct an investigation concerning my criminal or police records, including information maintained by both public and private organizations for the purpose of confirming information on my application and/or obtaining other information which may be material to my qualification for employment.

I release the Employer and/or its agents and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits involving information obtained from any and all above-referenced sources.

I have been given this notification that a report will be requested and used for the purpose of evaluating me for employment.

Printed Full Name DOB

Maiden Name or any other Name(s) used Social Security Number

Signature Date

ADDRESS