

DEFEO EMPLOYMENT APPLICATION

	PERSONAL I	NFORMATION	
FULL NAME:	[DATE:	
ADDRESS:			
Street Address Apt/Su	ite:		
City State Zip Code:			
E-MAIL:	PHON	E:	
SOCIAL SECURITY NU	MBER (SSN):		
	DESIRED PAY	: \$ □ HOUR □ SALARY POSITION	APPLIED
EMPLOYMENT DESIRE	ED: 🗆 FULL-TIME 🗆 PART-TIME		
ELIGIBILITY ARE YOU I	LEGALLY ELIGIBLE TO WORK I	N THE U.S? \Box YES \Box NO*	
HAVE YOU EVER WOR	KED FOR THIS EMPLOYER?	YES* □ NO	
*IF YES, WRITE THE START	AND END DATES:		
HAVE YOU EVER BEEN	I CONVICTED OF A FELONY?	\Box YES* \Box NO *IF YES, PLEASE EXPLAIN:	
	EDUC	ATION	
HIGH SCHOOL:	CITY / STATE	:	
FROM:	TO:	GRADUATE? □ YES □ NO DIPLOMA:	
COLLEGE:		FROM:	TO:
	_ GRADUATE? 🗆 YES 🗆 NO DE	GREE:	
		Page 2 of 4 FROM:	
	_10:D	EGREE/CERTIFICATION:	

PREVIOUS EMPLOYMENT

EMPLOYER 1:		
Company / Individual	E-MAIL:	PHONE:
STARTING PAY: \$	\Box HOUR \Box SALARY ENDING PAY: \$_	🗆 HOUR 🗆 SALARY
	RESPONSIBILITIES: TO:	FROM:
	IG:	
EMPLOYER 2:		
Company / Individual	E-MAIL:	PHONE:
STARTING PAY: \$	\Box HOUR \Box SALARY ENDING PAY: \$_	🗆 HOUR 🗆 SALARY
	RESPONSIBILITIES: _ TO:	FROM:
REASON FOR LEAVIN	lG:	
EMPLOYER 3:		
Company / Individual	E-MAIL:	PHONE:
ADDRESS:		
STARTING PAY: \$	\Box HOUR \Box SALARY ENDING PAY: \$_	
	RESPONSIBILITIES: _ TO:	FROM:
REASON FOR LEAVIN	IG:	
ARE YOU A VETERAN'	<i>MILITARY SERVICE</i>	
	E:FROM:	
	::	· - · · _ · _ · _ · · - · · _ · · · ·
	PLEASE EXPLAIN:	

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered. Please complete each section EVEN IF you decide to attach a resume.

I, ______, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____

DATE _____

PRINT NAME ______