

# APPLICATION FOR EMPLOYMENT



## PERSONAL INFORMATION

Date of Application: \_\_\_\_\_

Name (Last Name First): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City, State Zip

Permanent Address: \_\_\_\_\_  
Street City, State Zip

Contact Information: \_\_\_\_\_  
Home Telephone Mobile Email

Referred By: \_\_\_\_\_

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are You Currently Employed: \_\_\_\_\_ If so, may we contact your employer? \_\_\_\_\_

Ever Applied to Lefty's Before? \_\_\_\_\_ When? \_\_\_\_\_

## EDUCATION HISTORY

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position:

U.S. Military or Naval Service	Rank

**PREVIOUS EXPERIENCE:** Please list last three employers, beginning with the most recent first

Dates Employed	Company Name	Location	Role/Title
Job notes, tasks performed and reason for leaving:			
Dates Employed	Company Name	Location	Role/Title
Job notes, tasks performed and reason for leaving:			
Dates Employed	Company Name	Location	Role/Title
Job notes, tasks performed and reason for leaving:			

**REFERENCES** (List the Names of Three Persons Not Related To You, Whom You have Known At Least One Year)

Name	Address	Business	Years Known

**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 any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

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

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_