

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

				Date _____
Name _____				
Last	First	Middle	Maiden	
Present address _____				
Number	Street	City	State	Zip
How long _____	Emergency Contact Name: _____			
Telephone _____	Emergency Contact Telephone: _____			
e-mail _____	Relation: _____			

EMPLOYMENT DESIRED

Position(s) applied for _____	Days/hours available to work: _____
Salary desired _____	_____
How many hours can you work weekly? _____	Can you work evenings? _____
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME	
When are you available to start work? _____	
Are you currently authorized to work in the U.S.? Y or N	Yes No
Are you currently a Permanent Resident (Green Card Holder) in the U. S.? Y or N	Yes No
Will you require Employment Sponsorship now or in the future? Y or N	Yes No

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional or Graduate School				

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. Including your resume

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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GENERAL

Have you ever been in the armed forces? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

If hired, can you provide proof of U.S. citizenship Yes No

Briefly describe your immigration status:

Have you ever been employed with this company? Yes No

Do you have any friends or relatives employed by this company? Yes No

If yes, please provide their names and relationship to you. _____

If hired, would you have a reliable means of transportation to and from work? Yes No

REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Signature of applicant: _____ Date: _____

Wm. Blanchard Co. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with Wm. Blanchard Co. depends solely on your qualifications.