

Application for Employment



Equal Opportunity Employer

Name			Date
Permanent Address	City	State	Zip Code
Phone Number			Referred by

Employment Desired

Position	Date you can start	Hourly rate/salary desired
Are you currently employed? YES NO	Where?	Current dates of employment
Are you legally authorized to work in the US? YES NO	Have you ever applied to FlagZone before? YES NO	When?
Have you ever worked for FlagZone before? YES NO	Reason for leaving	Name of last supervisor

Education

	Name and location of school	Years attended	Did you graduate?	Subjects studied
High School				
College				
Trade, business or correspondence school				

Military Service

Have you ever served in the armed forces? YES NO	Branch of service
Discharge date	Rank

Employment History

Name of previous employer	Address	Job title
Start date	End date	Reason for leaving
Starting rate/salary	Ending rate/salary	Eligible for rehire? YES NO
Description of work		

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References

Name 1.	Company	Email	Phone #
2.			
3.			

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, anything falsified on this application shall be grounds for termination.

I authorize investigation of all statements contained, the references and employers listed above to give you any and all information concerning my previous employment.

I also understand and agree that no representative of the company has any authorization to enter into any agreement for employment for any specified period of time, or to make any agreement contrary 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 prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws"

Signature

Date