



2312 Brodhead Rd. Hopewell Twp Aliquippa, PA 15001
 Ph. 724-378-1810 Fax 724-378-9173
 info@thefez.com

Application For Employment

<i>Personal Information</i>																													
Last Name		First Name		M.I.																									
Address																													
City		State	Zip																										
Social Security Number:																													
Phone Number: ()			Referred By:																										
Level Of Education <u>Completed</u> ?			School (s) Attended?																										
<i>Employment Desired</i>																													
Position																													
Date You Can Start			Salary Desired																										
Are You Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			If So, May We Inquire Of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
Have you ever been injured on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever sued a previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain _____																										
Do you do any illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have any problems with alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
Do you own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			If not do you have reliable transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
<i>Former Employers</i>																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Date</th> <th style="width:40%;">Name & Address Of Employer</th> <th style="width:10%;">Salary</th> <th style="width:15%;">Position</th> <th style="width:25%;">Reason For Leaving</th> </tr> </thead> <tbody> <tr> <td>From To</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>From To</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>From To</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>From To</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Date	Name & Address Of Employer	Salary	Position	Reason For Leaving	From To					From To					From To					From To				
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<i>References</i>																													
Name		Phone Number	Business	Years Known																									
Remarks (For Office Use Only)																													

Date _____ Signature _____