



# APPLICATION FOR EMPLOYMENT

ARKLA TAYLOR, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

DATE: \_\_\_\_\_

**PERSONAL INFORMATION:**

NAME: (LAST NAME FIRST)		SOCIAL SECURITY NO.:	
PRESENT ADDRESS:	CITY	STATE	ZIP CODE
PERMANENT ADDRESS:	CITY	STATE	ZIP CODE
PHONE NO.: (      )	DO YOU HAVE A VALID DRIVERS LICENSE? IF NO EXPLAIN. ____ YES    ____ NO		

**EMPLOYMENT DESIRED:**

POSITION:	DATE YOU CAN START	SALARY DESIRED \$
ARE YOU CURRENTLY EMPLOYED    ____ YES    ____ NO	IF SO, MAY WE INQUIRE YOUR PRESENT EMPLOYER?    ____ YES    ____ NO	
EVER APPLIED TO ARKLA TAYLOR, INC. BEFORE?    ____ YES    ____ NO	WHERE?	WHEN?

**EDUCATION HISTORY:**

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

**FORMER EMPLOYERS:** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

**GENERAL INFORMATION:**

SUBJECTS OF SPECIAL STUDY/RESEARCH  
WORK OR SPECIAL TRAINING/SKILLS

U.S. MILITARY OR  
NAVAL SERVICE:

RANK

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION?

\_\_\_ YES

IF YES PROVIDE THE DATE OF THE CONVICTION, NATURE OF THE CHARGE, AND THE SENTENCE RECEIVED.

\_\_\_ NO

**REFERENCES:** (GIVE BELOW 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 AUTHORIZED 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."

**DO NOT WRITE BELOW THIS LINE**

**REMARKS:**


NEATNESS:		CHARACTER:		
PERSONALITY:		ABILITY:		
HIRED:	FOR DEPT.:	POSITION:	WILL REPORT:	SALARY WAGES:

APPROVAL:

\_\_\_\_\_  
BRANCH MANAGER

\_\_\_\_\_  
GENERAL OR OPERATIONS MANAGER

\_\_\_\_\_  
PRESIDENT