



## Employee Application

### Personal Information

Social Security Number:

Name:     
Last First M.I.

Current Address:       
No. Street City State Zip

Years at Current Address:  Telephone Number:

Previous Address:       
No. Street City State Zip

Years at this Address:  Telephone Number:

Position Being Applied For: \_\_\_\_\_ Expected Pay: \_\_\_\_\_ Per \_\_\_\_\_  
\_\_\_\_\_ Expected Pay: \_\_\_\_\_ Per \_\_\_\_\_

How did you learn of this openings? \_\_\_\_\_

### Desired Hours

☐ Full Time | If part time specify days and hours:  
☐ Part Time | \_\_\_\_\_

Have you worked for us before?

☐ Yes | If yes, when?  
☐ No | \_\_\_\_\_

List any friends or relatives working for us. \_\_\_\_\_

If hired, what date will you be available to start work? \_\_\_\_\_

List any experiences, skills, or qualifications which you feel would be beneficial to CDS Muery:

### Further Information

If hired do you have a reliable means of transportation to get to work?

☐ Yes ☐ No

If hired, can you work out of town?

☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No

List all moving violations and/or reasons that might prevent you from being insured while driving any vehicle (personal or company-owned) for company business:

\_\_\_\_\_  
\_\_\_\_\_

Are there any foreseeable impairments or reasons that might inhibit or prevent performance of your tasks in a reasonable manner? (If yes, explain work limitations)

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## Background Information

Do you have any warrants out for your arrest? (This includes warrants for child support violations, unpaid traffic violations or parking tickets.)

☐ Yes ☐ No

If yes, please indicate the reason and date of the warrant.

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*Note: All Information Is Confidential*

Have you ever been convicted of a crime? (Including misdemeanors, felonies or other criminal offenses)

☐ Yes ☐ No

If yes, please indicate the date, case number, court of jurisdiction and crime. (Please, include the result of the case such as probation, deferred adjudication or any other pertinent information.)

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## Education

	Name & Address	Years Attended	Graduated	Course of Major
Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any degrees you hold: 

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## Military Service Record

Have you ever served in the armed forces?

☐ Yes ☐ No

Have you had any schooling under the G.I. or Montgomery Bills?

☐ Yes ☐ No

If yes, please describe.

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Rank at discharge:

Dates of duty: From  To   
mm/dd/yy mm/dd/yy

What were your duties in the service? (Include special training and duty station)

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## Personal References (Excluding former employers or relatives)

Name	Occupation	Address	Phone Number
1.			
2.			
3.			

## Prior Work History (List in order, last or present or present employer first)

(If resume is attached that includes the following information, this section does not need to be completed.)

Dates		Name & Address of Employer	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
From	To		Start	Finish		
Describe work done.						

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From	To		Start	Finish		
Describe work done.						

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From	To		Start	Finish		
Describe work done.						

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From	To		Start	Finish		
Describe work done.						

May we contact the employers  
listed above? ☐ Yes ☐ No

If not, indicate below which one(s) you do not wish us to contact.

Occasionally form boxes make it difficult for an individual to adequately summarize his complete background. To assist us in finding the proper position for you in our company, use the space below to summarize any additional information necessary to describe your full qualifications.



## Employee Application

I certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

\_\_\_\_\_

*Applicant's Signature*

\_\_\_\_\_

*Date*

### DO NOT WRITE IN THIS BOX

Applicant Interviewed?

☐ Yes ☐ No

Interview Date: \_\_\_\_\_

Interview Time: \_\_\_\_\_

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

Employed By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Starting Rate: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Shift: \_\_\_\_\_

Interview Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant acceptable for employment?

☐ Yes ☐ No

Occupation: \_\_\_\_\_

Department: \_\_\_\_\_

*Application Revised - June 2020*