



# EMPLOYMENT APPLICATION

## Application information

Full name:	<div><div>Last</div><div>First</div><div>M.I.</div></div>	Date:	
Address:	<div><div>Street address</div><div>Apt/Unit #</div></div>	Phone:	
	<div><div>City</div><div>State</div><div>Zip Code</div></div>	Email:	
Date Available:		Desired hourly pay:	\$

Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain? <div></div>
Do you have a valid Drivers License?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Years of Countertop Installation Experience:	<div></div>		

## Previous Employment

Company:		Phone:	
Address:		Supervisor:	
Job title:		From:	To:
Responsibilities:	<div></div>		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Company:		Phone:	
Address:		Supervisor:	
Job title:		From:	To:
Responsibilities:	<div></div>		

May we contact your previous supervisor for a reference?

Yes ☐

No ☐

Company:

Phone:

Address:

Supervisor:

Job title:

From:

To:

Responsibilities:

May we contact your previous supervisor for a reference?

Yes ☐

No ☐

## Education

High school:

Address:

From:

To:

Did you graduate?

Yes ☐

No ☐

Diploma:

College:

Address:

From:

To:

Did you graduate?

Yes ☐

No ☐

Degree:

## References

Please list three professional references.

Full name:

Relationship:

Company:

Phone:

Address:

Email:

Full name:

Relationship:

Company:

Phone:

Address:

Email:

Full name:

Relationship:

Company:

Phone:

Address:

Email:

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

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Date:

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