

LANEY'S APPLICATION FOR EMPLOYMENT

_____ Last Name	_____ First	_____ Middle	_____ Date
_____ Street Address			_____ Home Phone
_____ City/State, Zip:			_____ Business Phone
_____ City/State, Zip:			_____ Social Security #

Position Desired: _____ Pay Desired: _____

Are you available for full-time work: Yes No

 Are you available to work overtime? Yes No

If not, what hours can you work: _____

Are you Legally eligible for employment in the United States: Yes No

When are you available to begin work: _____

EDUCATION

	SCHOOL NAME AND LOCATION	COURSE OF STUDY	# YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/ DIPLOMA
COLLEGE	_____	_____	_____	_____	_____
TECH/	_____	_____	_____	_____	_____
SCHOOL	_____	_____	_____	_____	_____
HIGH	_____	_____	_____	_____	_____
SCHOOL	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Other special training or skills: _____

Membership in professional/civic organizations: (Exclude those which may disclose your race, color, religion or nation origin.): _____

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment records.
Start with present or most recent employer.

Company Name: _____ Telephone: _____
Address: _____ Employment Period: (Month/Year)
Supervisor: _____ From: _____ To: _____
Job Title: _____ Hourly/Monthly Pay: _____
Job Description: _____ Start: _____ To: _____
Reason for Leaving: _____

Company Name: _____ Telephone: _____
Address: _____ Employment Period: (Month/Year)
Supervisor: _____ From: _____ To: _____
Job Title: _____ Hourly/Monthly Pay: _____
Job Description: _____ Start: _____ To: _____
Reason for Leaving: _____

Company Name: _____ Telephone: _____
Address: _____ Employment Period: (Month/Year)
Supervisor: _____ From: _____ To: _____
Job Title: _____ Hourly/Monthly Pay: _____
Job Description: _____ Start: _____ To: _____
Reason for Leaving: _____

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES:

Branch of Service: _____

Period of Active Duty: (Month/Year): From: _____ To: _____

Rank at discharge: _____

Date of Final Discharge: _____

Describe your duties and any special training:

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status, or physical or mental handicap or disability.

Provide dates you attended school:

Elementary: From: _____ To: _____

High School: From: _____ To: _____

College: From: _____ To: _____

Other: Give Names: From: _____ To: _____

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorized you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Applicant Signature

Date

LANEY'S
FOR EMPLOYER USE ONLY

REFERENCES:

Reference	Person Contacted	Results
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

INTERVIEW RESULTS:

Interviewed By: _____

Comments: _____

