



Taylored Systems

APPLICATION FOR EMPLOYMENT

POSITION(S) APPLIED FOR: _____ Date of Application: ____/____/____

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip Code

TELEPHONE (____) _____ Email: _____

If you are under 18, can you furnish a work permit? Yes No
Have you ever been employed here before? Yes No
Are you legally eligible for employment in this country? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment?) Yes No

Date available for work ____/____/____

Type of employment desired: Full-time Part-time Temporary Seasonal Educational Co-op

Driver's license number (If required by job) _____ State _____

EMPLOYMENT HISTORY: List your last four (4) employers, assignments or volunteer activities, starting with the most recent including military experience.

From _____ To _____ Employer _____ Telephone _____

Job Title _____ Address _____

Summarize the nature of work performed & responsibilities _____

Immediate Supervisor & Title _____

Reason for leaving _____ Hourly Rate: Start \$ _____ per _____ Final \$ _____ per _____

From _____ To _____ Employer _____ Telephone _____

Job Title _____ Address _____

Summarize the nature of work performed & responsibilities _____

Immediate Supervisor & Title _____

Reason for leaving _____ Hourly Rate: Start \$ _____ per _____ Final \$ _____ per _____

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Job Title _____ Address _____

Summarize the nature of work performed & responsibilities _____

Immediate Supervisor & Title _____

Reason for leaving _____ Hourly Rate: Start \$ _____ per _____ Final \$ _____ per _____

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience that may qualify you for work with our Company..

EDUCATIONAL BACKGROUND

Name and Location _____ Years Completed _____ Did you graduate? _____ Course of Study

High School _____

College _____

Other _____ Major _____ Degree _____

REFERENCES

Name _____ Telephone () _____ Years Known _____

Name _____ Telephone () _____ Years Known _____

Name _____ Telephone () _____ Years Known _____

How did you hear about us? Newspaper _____ Referral from _____

CareerBuilder.com Other _____

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me. If job related I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Signature of Applicant _____ Date ____/____/____

Indiana's new statewide smoking ban is effective 07/01/2012 and prohibits smoking at most public places and places of employment. Smoking is prohibited within eight feet of a public entrance to a public place and place of employment. www.in.gov/atc

