



Application for Employment
(An Equal Opportunity Employer)

PERSONAL INFORMATION

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_
First Middle Last

Present Address \_\_\_\_\_
Street City State Zip

Phone Numbers \_\_\_\_\_
Home Cell Work

Email Address \_\_\_\_\_

Are you either a US citizen or an alien authorized to work in the United States? [ ] Yes [ ] No

Have you been convicted of a felony or misdemeanor within the last 10 years? [ ] Yes [ ] No

You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

Do you have any physical limitations that preclude you from performing any work for which you are being considered? [ ] Yes [ ] No

Please describe: \_\_\_\_\_

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

I understand and agree that I may be required to take a physical examination as a condition of hiring or continued employment. I agree to consent to take such examination at such time as designated by Blessings International, and release Blessings International, its directors, officers, agents, or employees from any claim arising in connection with the use of such examination. [ ] Yes [ ] No

EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you currently employed? [ ] Yes [ ] No

Table with 5 columns: EDUCATION, NAME & LOCATION OF SCHOOL, YEARS ATTENDED, DID YOU GRADUATE?, SUBJECTS STUDIED. Rows include HIGH SCHOOL, COLLEGE, and TRADE, BUSINESS, OR BIBLE SCHOOL.

Military Service \_\_\_\_\_ Rank \_\_\_\_\_

Present Membership in Nat'L Guard or Reserves \_\_\_\_\_

**FORMER EMPLOYERS** Please list last three employers, starting with current employer.

DATE/MONTH/YR	EMPLOYER'S NAME & ADDRESS	SUPERVISOR	PHONE	POSITION	WAGES/SALARY
FR					
TO					
<b>REASON FOR LEAVING:</b>					
FR					
TO					
<b>REASON FOR LEAVING:</b>					
FR					
TO					
<b>REASON FOR LEAVING:</b>					

**REFERENCES** Please list three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN

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 authorize investigation of all statements contained herein and the references listed above to give Blessings International any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

In case of emergency, please notify \_\_\_\_\_  
Name
Phone
Relationship

**INTERVIEWER'S NOTES**

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