

TRI CITY SEWER CLEANERS, INC.

Employment Application

YOUR LOGO
HERE

APPLICANT INFORMATION											
Last Name		First			M.I.		Date				
Street Address					Apartment/Unit #						
City			State		ZIP						
Phone			E-mail Address								
Date Available		Social Security No.			Desired Salary						
Position Applied for											
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 worked for this company?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION											
High School			Address								
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College			Address								
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other			Address								
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES											
<i>Please list three professional references.</i>											
Full Name			Relationship				Company			Phone	
Address											
Full Name			Relationship				Company			Phone	
Address											
Full Name			Relationship				Company			Phone	
Address											

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

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

Date

Employee Data Sheet

Employee Name: _____ Last _____ M.I _____ First _____

Address: _____ Home Telephone: _____

_____ Other Telephone: _____

DOB: _____ Driver's License #: _____

SSN: _____ State Issued: _____

Emergency Contacts:

1) Name _____ Contact # _____
Relationship _____ Secondary Contact # _____

2) Name _____ Contact # _____
Relationship _____ Secondary Contact # _____

3) Name _____ Contact # _____
Relationship _____ Secondary Contact # _____

Physician: _____ Location and/or Phone #: _____

<u>Driver's License or Photo ID Copy</u>

Hire Date: _____
W4 Allowances: _____
Insurance Types: _____

Uniform: Yes No