



## EMPLOYMENT APPLICATION

APPLICANT INFORMATION					
Last Name:		First:		Middle Initial:	
Current Address:				Apartment/Unit #:	
City:			State:		Zip:
Phone:			Email Address:		
Position applying for?			Date Available:		Desired salary: \$
Do you have reliable transportation? YES <input type="checkbox"/> NO <input type="checkbox"/>		We have multiple locations, how far are your willing to drive to work? _____ miles			
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 United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you 18 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/>		Social Security No. _____ - _____ - _____			
Have you ever applied to this company before? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, where?					
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:					
If selected for employment are you willing to submit to a Background Check? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If selected for employment are you willing to submit to a Drug Test? YES <input type="checkbox"/> NO <input type="checkbox"/>					

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:	Major:
Other:			Address:		
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree/Certification:	

**CURRENT AND PREVIOUS EMPLOYMENT** *(List in order of date, most recent first)*

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

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

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

**REFERENCES** *(Please list three professional references)*

Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			



**REFERENCES (continue)**

Full Name:	Relationship:
Company:	Phone:
Address:	

**MILITARY SERVICES**

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

**REFERRALS**

Please tell us how did you learn about this job opportunity:

- ProTouch Communications / InTouch Call Center Website
- Department of Labor Job Posting
- Employment Website (please list) \_\_\_\_\_
- Newspaper Ad
- Friend / Family Member

**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. I authorize investigation of all statements contained herein and the references and employers listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information.*

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