



Application for Employment

Personal Information

Last Name		First Name, Middle Initial	Date
Street Address			Phone Number
City, State, Zip			Social Security Number
Have you ever applied for employment with our company?			Desired Salary
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month and year _____ Location _____			
Position you are applying for			Are you available to work overtime?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Availability			Date Able to Start
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time If Part-Time, days/times available:			
Are you legally eligible to work in the United States?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Education

School	Name/Location	Course of Study	Years Completed	Did You Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Y <input type="checkbox"/> N	
College				<input type="checkbox"/> Y <input type="checkbox"/> N	
Trade/Technical				<input type="checkbox"/> Y <input type="checkbox"/> N	
High School				<input type="checkbox"/> Y <input type="checkbox"/> N	

Professional Memberships or Certifications

Military Service

Did you serve in the U.S. Armed Forces?	Which Branch?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe any training received relevant to the position for which you are applying	

Previous Employment

Please give accurate, complete information. Start with your present or most recent employer.

Company Name		Address		Phone Number		Dates Employed	
				May we contact? <input type="checkbox"/> Y <input type="checkbox"/> N		To: From:	
Job Title		Job Duties		Salary		Reason for Leaving	
Company Name		Address		Phone Number		Dates Employed	
				May we contact? <input type="checkbox"/> Y <input type="checkbox"/> N		To: From:	
Job Title		Job Duties		Salary		Reason for Leaving	
Company Name		Address		Phone Number		Dates Employed	
				May we contact? <input type="checkbox"/> Y <input type="checkbox"/> N		To: From:	
Job Title		Job Duties		Salary		Reason for Leaving	

References

Please list 3 references, with at least 2 being professional.

Reference Name	Relationship	Years Known	Phone Number

Acknowledgement and Signature

The information provided in this application for employment is true, correct, and completed. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

Prospective employees will receive consideration without discrimination because of race, creed, sex, age, national origin, veteran status or disability. Brennan Industries is an Equal Employment Opportunity employer.

I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

Date	Signature