

**Byron & Davis C.C.C.C.
Application for Employment**

(Please type, save your changes, and FAX to [1-302-351-2207](tel:1-302-351-2207))

			Date of Birth	
NAME: (Last) (First) (MI)		Social Security No.		Phone Number
PRESENT ADDRESS:		CITY, STATE, ZIP:		SINCE:
PREVIOUS ADDRESS:		CITY, STATE, ZIP:		FROM – TO
PREVIOUS ADDRESS:		CITY, STATE, ZIP:		FROM – TO
TYPE OF WORK DESIRED:				
<input type="checkbox"/> PERMANENT <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY		SALARY REQUIRED: \$		
Do you have any Physical Handicaps which would prevent you from performing specific kinds of work?				
Have you had any serious illness in the last 5 years? If yes, Explain.				
How many days have you been absent from work in the last 12 months?		Due to Illness:	For other Reasons:	
How many days have you been absent from work in the previous 12 months?		Due to Illness:	For other Reasons:	
List any friends or family working for us:				
If hired, On what day will you be available to start work?				
If hired, Do you have reliable means of transportation to get to work?				
Have you ever served in the Armed Forces? If yes, Describe:				
Have you ever been convicted of a Felony? If so, Explain the Circumstances:				
List any special qualifications or reasons as to why you would like to work here:				

EDUCATIONAL RECORD

High School	NAME:	CITY and STATE	FROM:	TO:	YRS. COMP.	YR GRAD.
High School	NAME:	CITY and STATE	FROM:	TO:	YRS. COMP.	YR GRAD.
College University	NAME:	CITY and STATE	FROM:	TO:	YRS. COMP.	YR GRAD.
College University	NAME:	CITY and STATE	FROM:	TO:	YRS. COMP.	YR GRAD.
College Work	COURSES OF STUDY:		DEGREES RECEIVED:			
OTHER	NAME:		FROM:	TO:	COURSE OF STUDY	

PERSONAL REFERENCES

(Excluding Former Employers or Relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

PRIOR WORK HISTORY (List in order, Last or Present Employer First)

DATES From – To -	NAME AND ADDRESS OF EMPLOYER	RATE OF PAY Start – Finish -	Supervisor's Name/Title	Reason for Leaving
DATES From – To -	NAME AND ADDRESS OF EMPLOYER	RATE OF PAY Start – Finish -	Supervisor's Name/Title	Reason for Leaving
DATES From – To -	NAME AND ADDRESS OF EMPLOYER	RATE OF PAY Start – Finish -	Supervisor's Name/Title	Reason for Leaving

May we Contact the Employers listed Above? _____
If not, Indicate below what one(s) you do not want us to contact:

PERSON TO NOTIFY IN CASE OF AN ACCIDENT:	ADDRESS	PHONE NUMBER
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Date of Application:	REFERRED BY:
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**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.*

DATE: _____ SIGNATURE OF APPLICANT: _____

***NOTE: The Provisions of the Fair Credit Reporting Act will be applicable if a credit report on the applicant is obtained and considered**

SPACE BELOW FOR OFFICE USE ONLY

Interviewed by:	Date Accepted:	Date Started:	Department:	Starting Salary:
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