Teen's Guide Sample Application for Employment

This application for employment is meant so that you may practice filling out an application and get a general idea of what kind of questions are present on an application. Take your time in filling it out and save it for when you do decide to fill out real applications to use as a guide. Remember to always call your references and ask them if you can use them on your application before you put them down.

Go ahead and print off a copy or two for yourself or your friend. It will help you a lot in the long run.

Teen's Guide to Finding a Job

Teen's Guide Sample Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

TEEN'S GUIDE SAMPLE APPLICATION FOR EMPLOYMENT



APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLE	ETE PAGES 1-5.		DATE	
Name				
	Last	First	Middle	Maiden
Present address				
	Number	Street	City State Zip	
How long		So	cial Security No –	
Telephone ()				
lf under 18, please	list age			
Position applied for	r (1)		Days/hours available to work	
	(2)		No Pref Thur	
(Be specific)			Mon Fri Tue Sat	
			Wed Sun	
How many hours can you work weekly? Can you work nights?				
Employment desire	ed DFULL-TIME ONLY	PART-TIME	ONLY DFULL- OR PART	-TIME
When available for work?				

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

🖵 Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

🗆 No

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE		
TE	EN'S GUIDE SAMPLE APPLICATION	
DO YOU HAVE A DRIVER'S LICE		
	on to work?	
	State of issue	□ Operator □ Commercial (CDL) □ Chauffeur
Expiration date		
Have you had any accidents durin Have you had any moving violatio		How many? How Many?
	OFFICE ONLY	
□ Yes Typing □ No Personal □ Yes PC	□ Yes _WPM 10-key □ No □ Other	Word I Yes Processing I NoWPM
Computer D No Mac	Skills	
Name	Position Company Address	/
		ately summarize a complete background. Use the be your full qualifications for the specific position for

PLEASE PRINT ALL INFORMATION REQUESTED **EXCEPT SIGNATURE**

MILITARY HAVE YOU EVER BEEN IN THE ARMED FORCES? Pes No ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Pes No Specialty	TEEN'S GUIDE SAMPLE APPLICATION FOR EMPLOYMENT				
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? □ Yes □ No Specialty Date Entered Discharge Date	MILI	TARY			
Specialty Date Entered Discharge Date Work Experience Please list your work experience for the past five years beginning with your most recent job held. Experience If you were self-employed, give firm name. Attach additional sheets if necessary. Name of employer Name of last Employment dates Pay or salary Address From Start City, State, Zip Code From Start Phone number Your last job title Final Reason for leaving (be specific) Its the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Name of employer Name of last Employment dates Name of employer Name of last Employment dates Reason for leaving (be specific) Its the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Name of employer Name of last Employment dates Name of employer Name of last Pay or salary Name of employer Start Start					
Work Experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. Name of employer Address Name of last supervisor Employment dates Pay or salary City, State, Zip Code Phone number From Image: Self text of the past five years beginning with your most recent job held. Pay or salary Reason for leaving (be specific) From Start To Start List the jobs you held, duties performed, skills used or learned, advancements or protions while you worked at this company. Start Name of employer Address Name of last supervisor Employment dates Pay or salary Name of employer Address Name of last supervisor Employment dates Pay or salary					
Experience If you were self-employed, give firm name. Attach additional sheets if necessary. Name of employer Address City, State, Zip Code Phone number Name of last supervisor Employment dates From To Pay or salary Reason for leaving (be specific) Your last job title From To Start Final List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Start Final Name of employer Address City, State, Zip Code Phone number Name of last supervisor Employment dates Pay or salary Name of employer Address Name of last supervisor From From Start From Name of employer Address Name of last supervisor Employment dates Pay or salary	Specialty Date En	itered	Discharge Date		
Address supervisor Indiana Indiana City, State, Zip Code From Start Phone number To Final Your last job title Your last job title Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Name of employer Name of last Employment dates Pay or salary Address City, State, Zip Code From Start					
Phone number From Start To Final Your last job title Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Name of employer Address City, State, Zip Code Phone number Name of last Employment dates Pay or salary City, State, Zip Code			Employment dates	Pay or salary	
Your last job title Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Name of employer Address City, State, Zip Code Phone number			From	Start	
Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Name of employer Address City, State, Zip Code Phone number From Start			То	Final	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Name of employer Address City, State, Zip Code Phone number		Your last job title			
company.company.Name of employer AddressName of employer AddressCity, State, Zip Code Phone numberFromStart	Reason for leaving (be specific)				
Address supervisor City, State, Zip Code From Phone number From					
10 Final	Address City, State, Zip Code		From	Start	
Your Last Job Title			10	Final	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

TEEN'S GUIDE SAMPLE APPLICATION FOR EMPLOYMENT

WorkPlease list your work experience for the past five years beginning with your most recent job held.experienceIf you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number		From	Start	
		То	Final	
	Your last job title			
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number		From	Start	
		То	Final	
	Your last job title			
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

May we contact your present employer?	🛛 Yes	🗆 No
Did you complete this application yourself	Yes	🛛 No
If not, who did?		

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by ______ (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of ______, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and ______ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of jobrelated physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:	

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.