



# Application For Employment

If the above button does not work, select print option and **change destination to Save As** and save to your computer and submit with your email App.  
**Send to:** application@serfinc.com

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date: \_\_\_\_\_  
SS Number: \_\_\_\_\_  
**Position Applying for:** \_\_\_\_\_  
 Full-Time     Part-time     Full or part-time  
**Date available :** \_\_\_\_\_ **Salary Desired:** \_\_\_\_\_

**Are You Employed?** \_\_\_\_\_ **If so, Employers Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**May we inquire of your present employer?** \_\_\_\_\_ **Ever applied to this Company before ?** \_\_\_\_\_ **When?** \_\_\_\_\_  
**Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?** \_\_\_\_\_

## Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Background

Have you ever been convicted of a Felony:  yes  no

If yes, please explain:

\_\_\_\_\_

Do you have a drivers license?  yes  no

State of issue:

Have you had any accidents in the past 3 years?  yes  no

How many?

Have you had any moving violations in the past 3 years?  yes  no

How many?

## Emergency Contacts

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Previous Employment (last one first)

**1.**

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Salary: \_\_\_\_\_  
From: [ ] To: [ ] Beg: [ ] End: [ ]

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

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving (Please be specific): \_\_\_\_\_

**2.**

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Salary: \_\_\_\_\_  
From: [ ] To: [ ] Beg: [ ] End: [ ]

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

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving (Please be specific): \_\_\_\_\_

**3.**

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Salary: \_\_\_\_\_  
From: [ ] To: [ ] Beg: [ ] End: [ ]

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

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving (Please be specific): \_\_\_\_\_

## Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMMISION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHERER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### PRE-EMPLOYMENT AGREEMENT - PLEASE READ CAREFULLY

I understand that upon commencement of employment with the company I will be required to submit to a urinalysis screen. I understand that refusal to take the screen or failure to meet the minimum standards for the screen may result in immediate suspension or discharge.

I HAVE READ IN FULL AND UNDERSTAND THE ABOVE STATMENTS AND CONDITIONS OF EMPLOYMENT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

### Do Not Write in This Box

Start Date: \_\_\_\_\_

Position: \_\_\_\_\_

Starting Wage: \_\_\_\_\_

Temporary

Full Time