

APPLICATION FOR EMPLOYMENT FORGE EVOLUTION

PERSONAL INFORMATION

(FULL LEGAL NAME)

(ADDRESS)

(CITY)

(STATE)

(ZIP)

(PHONE NUMBER)

(CELL PHONE NUMBER)

(EMAIL ADDRESS)

Are you a U.S. Citizen?

☐ YES

☐ NO

Have you ever received a ticket/been arrested for a law violation?
(This includes a plea of guilty, no contest, diversion program or
other plea, etc.) (Do not include minor traffic violations). If so,
please provide explanation on an additional sheet of paper.

☐ YES

☐ NO

Have you used any other names other than listed above? (including maiden names). ☐ YES ☐ NO

If yes, please list all names: _____

If employed, do you expect to be
engaged in additional businesses or
employment outside of this job? ☐ YES ☐ NO

If yes, please provide details: _____

If selected to move forward in the application process, are you willing to submit to
a *pre-employment background check*? ☐ YES ☐ NO

If selected for employment, are you willing to submit to a *pre-employment drug
screening test*? ☐ YES ☐ NO

POSITION

(POSITION YOU ARE APPLYING FOR)

(ANTICIPATED START DATE)

(DESIRED PAY)

Desired employment: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL/TEMPORARY

EDUCATION

SCHOOL NAME	SCHOOL LOCATION	DATES ATTENDED	DEGREE/ CERTIFICATE	MAJOR/ TECHNICAL

REFERENCES: 4 PROFESSIONAL AND 2 PERSONAL (not relatives) *REFERENCES REQUIRED

NAME	TITLE	COMPANY/ PERSONAL	PHONE	EMAIL

EMPLOYMENT HISTORY

List employers in consecutive order with present or last employer listed first. Account for all periods of time including military services and any periods of unemployment. If self-employed, give firm name and supply business references. If additional space is needed, please provide information on an additional sheet of paper.

Note: A job offer may be contingent upon acceptable references from current and former employers.

EMPLOYER (1)

NAME	JOB TITLE		DATES EMPLOYED
PHONE	WERE YOU RESPONSIBLE FOR OTHER PEOPLE IN THIS POSITION? <input type="radio"/> YES <input type="radio"/> NO		IF SO, HOW MANY?
ADDRESS	CITY	STATE	ZIP
DUTIES	REASON FOR LEAVING	SUPERVISOR	SUPERVISOR CONTACT INFO

EMPLOYER (2)

NAME	JOB TITLE		DATES EMPLOYED
PHONE	WERE YOU RESPONSIBLE FOR OTHER PEOPLE IN THIS POSITION? <input type="radio"/> YES <input type="radio"/> NO		IF SO, HOW MANY?
ADDRESS	CITY	STATE	ZIP
DUTIES	REASON FOR LEAVING	SUPERVISOR	SUPERVISOR CONTACT INFO

EMPLOYMENT HISTORY

EMPLOYER (3)

NAME	JOB TITLE		DATES EMPLOYED
PHONE	WERE YOU RESPONSIBLE FOR OTHER PEOPLE IN THIS POSITION? <input type="radio"/> YES <input type="radio"/> NO		IF SO, HOW MANY?
ADDRESS	CITY	STATE	ZIP
DUTIES	REASON FOR LEAVING	SUPERVISOR	SUPERVISOR CONTACT INFO

EMPLOYER (4)

NAME	JOB TITLE		DATES EMPLOYED
PHONE	WERE YOU RESPONSIBLE FOR OTHER PEOPLE IN THIS POSITION? <input type="radio"/> YES <input type="radio"/> NO		IF SO, HOW MANY?
ADDRESS	CITY	STATE	ZIP
DUTIES	REASON FOR LEAVING	SUPERVISOR	SUPERVISOR CONTACT INFO

EMPLOYER (5)

NAME	JOB TITLE		DATES EMPLOYED
PHONE	WERE YOU RESPONSIBLE FOR OTHER PEOPLE IN THIS POSITION? <input type="radio"/> YES <input type="radio"/> NO		IF SO, HOW MANY?
ADDRESS	CITY	STATE	ZIP
DUTIES	REASON FOR LEAVING	SUPERVISOR	SUPERVISOR CONTACT INFO

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying?

What strengths would you bring to this organization?

List professional, trade, business or civic activities and offices held. Include volunteer work

Affidavit, Consent, and Release

Please read each statement carefully before signing

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from future consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screening as a condition of employment, as required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a pre-employment background check, fingerprint submission, and such requirements to permit me the access to a courthouse badge.

I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the CEO/Board of Director Chair has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the CEO/Board of Director Chair and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

I have read, understand, and by my signature consent to these statements.

(NAME)

(DATE)

(SIGNATURE)