

FlexTM INCORPORATED

Employment Application

Save Form

E-mail Form

Position applying for _____

Date _____

PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING IS REQUIRED.

PERSONAL CONTACT INFORMATION

Last Name	First Name	Middle Initial
Address		
City	State	Zip Code
Telephone	Cell Phone	Email

AVAILABILITY INFORMATION

Check if you are willing to work:

<input type="checkbox"/> Full Time	<input type="checkbox"/> Day Shift (6:00 am to 4:30 pm)	<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Part Time	<input type="checkbox"/> Night Shift (4:30 pm to 2:30 am)	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday
		<input type="checkbox"/> Wednesday	<input type="checkbox"/> Saturday

EDUCATION BACKGROUND

	Name & Location	Years Attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
College				
Other				

GENERAL INFORMATION

Subjects of special study/research work or special training/skills _____

Abilities: _____

Honors: _____

Additional Information: _____

MILITARY BACKGROUND

Are you a Veteran? Yes No Branch _____ Rank _____

DRIVERS LICENSE INFORMATION

Do you have a valid drivers license? Yes No Issuing State: _____

Endorsement(s): _____

FELONY RECORD

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes No If yes, Please explain: _____

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EMPLOYMENT HISTORY

List below last four employers, starting with last one first.

Employer Name	Address & Phone	Job Title or Position	Start Date	End Date	Salary	Reason for Leaving

REFERENCES

List below the names of three persons not related to you, whom you have known at least one year.

Name	Address & Phone	Business	Years Known

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

Remarks _____

Hired by _____ Position/Department _____

Starting Wages _____ Starting Date _____ Starting Date _____

Additional Comments _____

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Additional Info: