

**GREELEY STAMPEDE**  
**APPLICATION FOR EMPLOYMENT**  
**AN EQUAL OPPORTUNITY EMPLOYER**

LAST

FIRST

**PERSONAL INFORMATION: (PLEASE PRINT)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN  
 AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

EMPLOYMENT DESIRED  
 POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR CURRENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

EDUCATION	NAME/ LOCATION OF SCHOOL	*NUMBER OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

\*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1987 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH THE RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 YEARS OF AGE.

**GENERAL INFORMATION:**  
 SPECIAL SKILLS OR INTERESTS: \_\_\_\_\_

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) \_\_\_\_\_

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK: \_\_\_\_\_ CURRENT NATIONAL GUARD \_\_\_\_\_

**AVAILABILITY: (PLEASE CIRCLE YOUR CURRENT AVAILABILITY)**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

**FORMER EMPLOYERS: (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)**

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

WHICH OF THESE JOBS DID YOU LIKE THE BEST? \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THAT JOB? \_\_\_\_\_

**REFERENCES: (GIVE THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)**

	NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS KNOWN
1					
2					
3					

IN CASE ON EMERGENCY NOTIFY: \_\_\_\_\_ PHONE: \_\_\_\_\_

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, 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 PRIOR NOTICE AND WITHOUT CAUSE."

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*DO NOT WRITE BELOW THIS LINE*

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

REMARKS: \_\_\_\_\_

HIRED: YES NO POSITION: \_\_\_\_\_ STARTING DATE: \_\_\_\_\_ SALARY: \_\_\_\_\_