

APPLICATION FOR EMPLOYMENT



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801-785-3680

NAME _____

ADDRESS _____

PHONE _____

CITY _____

EMAIL _____

STATE _____ ZIP _____

DATE OF BIRTH _____

CAN YOU PROVIDE DOCUMENTATION VERIFYING YOUR RIGHT TO WORK IN THE UNITED STATES? NO YES

DO YOU HAVE A VALID DRIVERS LICENSE? NO YES LICENSE # _____

HAVE YOU EVER BEEN CONVICTED (AS AN ADULT) OF A MISDEMEANOR OR FELONY THAT HAS NOT BEEN EXPUNGED FROM YOUR RECORD?

NO YES IF YES, PLEASE EXPLAIN: _____

LIST ANY LANGUAGES YOU SPEAK OTHER THAN ENGLISH: _____

POSITION APPLYING FOR: _____

AVAILABLE START DATE: _____

DESIRED SCHEDULE: PART TIME FULL TIME

AVAILABILTY: MONDAY HOURS: _____

TUESDAY HOURS: _____

WEDNESDAY HOURS: _____

THURSDAY HOURS: _____

FRIDAY HOURS: _____

SATURDAY HOURS: _____

PLEASE LIST ANY EXTRA-CURRICULAR ACTIVITIES THAT COULD INTERFERE WITH YOUR SCHEDULE: _____

EDUCATION

NAME OF SCHOOL	DEGREE/AREA OF STUDY	YEARS COMPLETED	GRADUATED
			NO <input type="checkbox"/> YES <input type="checkbox"/>
			NO <input type="checkbox"/> YES <input type="checkbox"/>
			NO <input type="checkbox"/> YES <input type="checkbox"/>
			NO <input type="checkbox"/> YES <input type="checkbox"/>

TRADE LICENSES, CERTIFICATES, OR OTHER SKILLS:

WORK HISTORY

EMPLOYER NAME	EMPLOYER PHONE
POSITION/TITLE	NAME OF SUPERVISOR
DUTIES	
DATES WORKED: FROM / / TO / /	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER? NO <input type="checkbox"/> YES <input type="checkbox"/>	

EMPLOYER NAME	EMPLOYER PHONE
POSITION/TITLE	NAME OF SUPERVISOR
DUTIES	
DATES WORKED: FROM / / TO / /	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER? NO <input type="checkbox"/> YES <input type="checkbox"/>	

EMPLOYER NAME	EMPLOYER PHONE
POSITION/TITLE	NAME OF SUPERVISOR
DUTIES	
DATES WORKED: FROM / / TO / /	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER? NO <input type="checkbox"/> YES <input type="checkbox"/>	

THE INFORMATION I HAVE GIVEN ON OR ATTACHED TO THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION OF DATA ON MY PART WILL RESULT IN DISQUALIFICATION FROM FURTHER CONSIDERATION OR RESULT IN TERMINATION. I ALSO UNDERSTAND THAT BEING INVOLVED OR SUSPECTED IN ANY ILLEGAL OR HARMFUL ACTIVITIES THAT MAY BE OF THREAT TO CO-WORKERS, CLIENTS AND/OR THE COMPANY MAY RESULT IN IMMEDIATE DISQUALIFICATION AND/OR TERMINATION.

SIGNATURE OF APPLICANT

DATE

IF YOU HAVE A RESUME, PLEASE ATTACH IT TO THIS APPLICATION