



## EMPLOYMENT APPLICATION FORM

**DATE:** \_\_\_\_\_

**PLEASE PRINT LEGIBLY. RESUMES MAY BE ATTACHED WITH THIS APPLICATION.**

### General Information

Name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_  
\_\_\_\_\_  
(City/Town) (State) (Zip code)

Home Phone number \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
Cell Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

Type of position:  Full time  Part time

Date Available to Start: \_\_\_\_\_

Have you previously applied for a position at MailCo USA?  Yes  No

If yes, please specify the following:

Approx. date of application: Mo/Yr \_\_\_\_\_

Have you ever been employed at MailCo USA?  Yes  No

Names of any relatives employed at MailCo USA:

Name \_\_\_\_\_ Position \_\_\_\_\_  
Name \_\_\_\_\_ Position \_\_\_\_\_

How did you hear about this job opportunity at MailCo USA?

Walk-in  MailCo USA website

Employee referral, Specify name \_\_\_\_\_

Other: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

If applicable, indicate work visa status and visa expiration date

\_\_\_\_\_

**Education**

**Begin with the highest level of education completed:**

<b>University/ College/ School</b>	<b>Major, if applicable</b>	<b>Graduated?</b>
Name _____ City, State, Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No Type of degree/certificate/year awarded ▼
Name _____ City, State, Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No Type of degree/certificate/year awarded ▼
Name _____ City, State, Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No Type of degree/certificate/year awarded ▼

**Professional certifications and licenses relevant to the position:**

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**Please list any skills you possess that qualify you for this position:**

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## Employment History

List three prior work experiences, beginning with most recent employment. You may include any military or voluntary experience. (Attach additional sheet if necessary)  
 THIS SECTION MUST BE COMPLETED, EVEN IF RESUME HAS BEEN SUBMITTED WITH THE APPLICATION.

<b>Organization Name:</b> Address:	
Title: Employment Dates: _____ TO _____	Supervisor Name: Supervisor Phone #: Can we contact as reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe your primary job duties: _____ _____ _____	
Annual Salary or Hourly rate: \$	Reason for leaving:
<b>Organization Name:</b> Address:	
Title: Employment Dates: _____ TO _____	Supervisor Name: Supervisor Phone #: Can we contact as reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe your primary job duties: _____ _____ _____	
Annual Salary or Hourly rate: \$	Reason for leaving:
<b>Organization Name:</b> Address:	
Title: Employment Dates: _____ TO _____	Supervisor Name: Supervisor Phone #: Can we contact as reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe your primary job duties: _____ _____ _____	
Annual Salary or Hourly rate: \$	Reason for leaving:

**References**

In addition to the current and former supervisors mentioned under Employment History, please list below three additional references that can speak to your qualifications relevant to the position applied for:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Years known: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Years known: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Years known: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone Numbers: \_\_\_\_\_

**Notification and Agreement**

I certify that all answers given by me to the foregoing questions and statements made by me on this application are true, accurate and complete to the best of my knowledge and belief. I understand that falsification, misrepresentation or omission of facts on this application (and any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment by the MailCo USA, regardless of when or how discovered.

I understand that MailCo USA is a drug free work environment.

I agree to take a physical examination or other tests, if required, which I must pass before being accepted for employment.

I authorize MailCo USA to investigate all statements and information contained in this application and to obtain related information from my previous employment and educational background. I authorize all persons, schools, employers or other organizations listed in this application to provide MailCo USA with any information requested by the MailCo USA related to my qualifications for employment.

I acknowledge that I have read and understand the above statements.

**Legal Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_